



PART THREE

Resources for Promoting Health in Refugee Communities

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3.1 Introduction

In *Parts One* and *Two*, we took you through the steps to develop health promotion and disease prevention activities that best meet the needs of people in your community. Now, in *Part Three*, we will focus on specific types of activities you can do and resources you can use to improve the health of people in your community.

In the following sections, you will find information to help you address the health needs of your community:

- Ways to help people better understand the U.S. health care system and get the health care they need (Section 3.2)
- Types of community programs that can be used to address health issues in your community (Section 3.3)
- Types of health screenings that can be used to identify health concerns in your community (Section 3.4)
- Fact sheets that provide basic information on various health concerns, designed specifically for you to use within your community (Section 3.5)

3.2 Navigating the U.S. Health Care System

At the end of this section, you will be able to

- Identify types of information useful in navigating the U.S. health care system.
- Understand how to establish a referral network of health care providers and organize a health screening for your community.

This section answers the following questions:

1. *What type of health care information is needed?*
2. *How can your organization establish a referral network of health care providers?*
3. *How can you organize a health screening?*

One of the most common barriers to people accessing health care is their unfamiliarity with the U.S. health care system. Your organization can help by providing them with information to get the care they need. People need such basic information as

- Where to get health care
- What different types of health care providers are available
- How to pay for health care
- How to communicate with their health care provider

What Type of Health Care Information Is Needed?

Information you will want to cover in helping your communities navigate through the U.S. health care system includes the following key points:

Where to get health care/types of providers. Health care services are different in every community. In most cases, an appointment is required for medical, dental, or mental health care. You will need to learn about the health services available in your community, some of which are described below:

- **The public health department.** Most offices provide immunizations against infectious diseases and offer other preventive health services, including testing and treatment for tuberculosis (TB). For refugees, these services are free or inexpensive. Parents should be sure to check with the public health department about immunizations for their children. All children enrolling in public school must submit proof that they have received the required immunizations.

- **Private doctors** provide general and specialized health care. The doctor’s office usually requires proof of ability to pay for services or insurance information at the time of the appointment. Some doctors work as part of a private clinic or in a group with other general practitioners and specialists.
- **What is a primary care provider?** A primary care provider is the health care provider who knows you best. This person can be a general practice doctor, specialist doctor, physician assistant, or nurse. Typical questions asked to find out whether a person has a primary care provider are
 - “Do you have one person you think of as your personal doctor or nurse?”
 - If “yes” to the first question, ask “Is this person a general practice doctor, a specialist doctor, a physician assistant, or a nurse?”
 - “In the past 12 months, how many times did you go to a doctor’s office or clinic to get care for yourself or a close family member?”
- **Community clinics or health centers** supported by government and private sources. They accept private insurance and Medicaid or charge fees based on the uninsured patient’s income.
- **Hospitals** may be found in almost every American community. Doctors or clinics refer patients with special problems to the hospital for tests and surgery. Hospital care is expensive, and hospitals require proof of insurance or ability to pay for those services.
- **Emergency rooms** in hospitals or other facilities are used for sudden, extreme health problems. Emergency rooms require no appointment, but they often are busy, and a long wait may be necessary. For most health problems, you should call or make an appointment with a doctor. Use the emergency room only when absolutely necessary. Emergency care usually is provided regardless of your insurance or ability to pay.

Additional types of services and care available:

- **Ambulance services** provide transportation and medical help when needed immediately, and no other way exists to take the injured or sick person to receive emergency medical care. Ambulance services usually charge a fee after service has been provided.

- **Dental care** is provided through private dentists and through clinics. Free or low-cost dental services are rare but may be available through public health or community clinics. Not all health insurance plans include coverage for dental services.
- **Mental health care** can be provided through private doctors and therapists and through clinics. Some mental health services may be available through mutual assistance associations and through family service agencies. Some resettlement agencies provide counseling services and can help you find other mental health services.

How to pay for health care. In the United States, each person, not the government, generally is responsible for paying for health services. The cost of health care is high, so most people rely on insurance programs, often through their employer:

- **Health insurance** can be obtained for a monthly payment. Some employers offer insurance and may pay all or part of the monthly payment. There usually is a waiting period from the time you are hired until you become eligible for health insurance. Many insurance companies offer different types of programs. Health maintenance organizations (HMOs) increasingly are a common form of insurance program. Through this system, care is provided by a group of private doctors and clinics. Each member of an HMO has an assigned doctor who provides primary care and must approve any visits to emergency rooms, hospitals, or specialists. In some situations, the insurance company will pay the full cost of medical care; in others, the patient will be required to pay part of the costs.
- To assist people of low income, **government programs** cover some medical expenses. The government programs described here may be changing. Ask staff at your local agencies to help you obtain accurate, up-to-date information about health services available to you.
- Refugees are eligible to apply for **Refugee Medical Assistance (RMA)** or Medicaid at a designated local government office. Both programs pay for medical care for people of low income. Applicants must complete one or more forms that require proof of income and other personal information.

How Can Your Organization Establish a Referral Network of Health Care Providers?

Referral Networks

Your organization might want to consider developing a referral network for refugees in your community. A referral network is a group of health care providers who are all committed to

the same goal and who agree to help people referred to them. Using a referral system is an organized way to get refugees in contact with health care providers in their community who can and will assist them with their needs. Without a good referral system, people often don't get the treatment they need, and if they do, it takes a lot longer and costs more money than necessary.

Steps to create your referral network:

1. You should develop a list or database of health care providers in your community. This list should include their names, addresses, telephone numbers, type of practice, and schedules of operation. The list should also include the languages they speak and the types of insurance they take.
2. Next, you will want to identify those providers on the list who already are involved with or interested in working with refugee patients. It will be important that you establish a working relationship with these providers by putting a formal plan in place. This plan might include talking with the providers in their practices or clinics and letting them know about your organization and its referral list. They can let you know how they can best help refugees in their practice.
3. With the help of the provider network, you should work toward improving the quality of refugee health care, such as providing training or other services that help them understand refugee health issues.

How Can You Organize a Health Screening?

Using Health Screenings

To help get members of the refugee community the health care and services they need, your organization can promote health screenings. The goal of a health screening is to identify whether someone is at risk for or has a particular health condition or disease. The types of screenings for health conditions and diseases include blood tests, physical exams, and surveys. Typically with a health screening, a health care professional offers a screening service for a reduced fee or at no cost over the course of a short time frame and in a location accessible to many people. For example, you might set up a table at a shopping mall where a nurse practitioner provides free blood pressure screening every third Saturday of the month. Details about some common types of health screenings are discussed in Section 3.4.

In organizing a health screening, you first will want to determine what type of screening will be most useful in your community. If you conducted a needs assessment from *Part One* of this manual, you might already have the answers to this question. For example, after doing some research about your community, you may determine that many people in your community are at risk for high blood pressure. You also might discover that few people have ever been told they have high blood pressure and even fewer have ever been tested for it.

If not, you may want to ask some people in your community about their screening habits to find out which types of screening they need the most. Later, in Section 3.4 of this manual, you will find a list of types of screenings you could offer.

Once you know what you want to screen for, you will need to decide several key points about the screening:

Who will conduct the screening? You will need to make a list of the groups in your community trained to offer the screening, and then approach them to see whether they would be willing to conduct it. You also can call such national health organizations as the American Cancer Society or the American Heart Association to ask for help or references (we have provided their contact information in Section 3.4). You also may be able to partner with health providers, local health clinics, or your local health department to conduct screenings. You should determine ahead of time whether the health care professionals who do the screenings will be paid for their time and who will cover the screening costs.

Where and when will you conduct the screening? You should consider where the best location in your community is to hold the screening. You should think about popular locations as well as the times of the day or week when a lot of people frequent them. Ideally, the screening should be in a place where people will have the time to stop and participate. For example, many people may go to a supermarket, but they may not stop for the screening because they don't want their groceries to melt. An indoor shopping mall on a Saturday might be a better choice because people expect to spend more time browsing.

How will you promote the screening? For the screening to be successful, people need to know about it. You should consider using several different ways to promote your screening. Some ideas are posters in areas frequented by people in your community, an advertisement in the newspaper, radio announcements (many stations might air a public service announcement for you), and word of mouth (doctors or friends). You also should put up several signs a few weeks ahead of time in the location where you will be conducting the screening so that people can make plans to attend.

How many staff people do you need to send to the screening and what will you need to do to prepare them? You should consider how many people will be needed to help out at the screening. If people being screened have to wait a long time, they might choose not to participate in the screening process. You should provide a brief training session for staff so that they know what to do on the day of the screening. If staff will be screening people from different cultures, you should educate them about the health practices and beliefs of the other cultures. You also should suggest ways to ensure the screening is respectful of the practices of those cultures.

What materials will you need for the screening? Make a list of all the materials you will need on the day of the screening, and be sure to have them ready in advance.

You should discuss whether it will be necessary to have participants sign a waiver before they have the screening. **You should also discuss what important follow-up information you will give the participants—and whether this information will need to be translated ahead of time.**

Resource:

U.S. Department of State, Bureau of Population, Refugees, and Migration. (1996). *Welcome to the United States: A guidebook for refugees*.

Retrieved from <http://151.200.230.112/guidebook.html>

For more information:

National Women’s Health Information Center, Office on Women’s Health, U.S. Department of Health and Human Services: call 1-800-994-WOMAN (1-800-994-96626), or visit <http://www.4woman.gov/>

For information on a State program to provide free or low-cost health insurance for eligible children 18 years or younger, contact **Insure Kids Now! Program:** call 1-877-KIDS-NOW (1-877-543-7669), or visit <http://www.insurekidsnow.gov/>

Health Resources and Services Administration (HRSA) Information Center: Resources and referrals on health care services for individuals of low income, the uninsured, and those with special health care needs: call 1-888-ASK-HRSA (1-888-275-4772), a toll-free number, or visit <http://www.ask.hrsa.gov/>

National Alliance for the Mentally Ill: 1-800-950-6264, <http://www.nami.org>

Centers for Medicaid & Medicare Services: Information on getting medical coverage for people of low income and older persons, as well as health insurance for children: call 410-786-3000, or visit <http://www.cms.hhs.gov/medicaid>, <http://www.cms.hhs.gov/medicare>, and <http://www.cms.hhs.gov/schip>

3.3 Information on Community Programs You Can Start

At the end of this section, you will be able to

- Describe different types of community programs that you can use to promote health and prevent disease among people in your community.
- Know the necessary steps required to organize a community program.

This section answers the following questions:

1. *What is a support group and how do you start one?*
2. *What is a chronic illness management program and how do you start one?*
3. *What is a health fair and how do you plan one?*
4. *What is a walking program and how do you start one?*

Community health promotion and disease prevention programs are groups or events that your organization can develop and maintain to help the people in your community with some concern at hand. These programs are meant to be informative and encouraging and to help people meet others who have similar needs. They also can be fun and entertaining. We discuss four types of programs in the section below:

- Support groups
- Chronic illness management programs
- Health fairs
- Walking programs

What Is a Support Group and How Do You Start One?

Support groups are a place where people with similar problems or life circumstances can get together to share information, get moral and emotional support, and develop a sense of community. They usually are ongoing, where people can return on a regular basis (e.g., every Tuesday night at 8 p.m.).

Types of Support Groups

In general, support groups fall into two categories: (1) groups led by a professional who is knowledgeable about the topic of the group, such as a nurse or social worker, and (2) groups led by the members, often called **self-help groups**. Some groups offer educational information on a given topic. For example, a doctor may be invited to give a talk on health

issues that affect refugee communities. Other groups are less structured and serve as a place for people to get together and share information about topics affecting their lives. They often are a place where people can learn where to get the services they need in their new community, as well as information about the community they live in and its culture. These groups are also a place for people to socialize and meet others who share their circumstances.

Groups for Youth

Most communities have separate support groups for youth. These groups usually are more structured than other groups and are run by professional community organizations. They offer a place for young people, such as teenagers, to get information on school, vocational programs, and employment. They also offer recreation and social opportunities.

Starting a Support Group in Your Area

Before you spend a lot of time planning a group, it is important that you know what your community needs. For example, you don't want to offer a support group for refugees with TB if three such groups already exist in your area. Below are some steps you might take before starting a group:

First, research the support and self-help groups currently existing in your community. You can contact other State or community organizations, churches, and health care providers that work with refugees; check the newspaper or telephone book; and talk to refugees in your community.

Once you have a comprehensive list of the support groups active in your community, look for an unmet need. For example, do enough groups exist to meet the needs of refugee youth in your community? Make a list of some possibilities.

Next, ask your community whether the need exists for the type of group you want to start. Depending on your time and budget, you may want to use some methods described in Section 1.2 of this manual, such as a needs assessment survey, public forums, or interviews with community members, to get feedback on your ideas. You also may get suggestions for other types of groups that your organization hadn't thought about. If you don't have a lot of resources, then simply talk informally with people in your community to see what they think about your ideas.

Decide the details of your group. The type of group you decide on will guide the rest of your implementation process. Do you want it to be self-help or run by a professional? When and where will it meet? Should you have refreshments at the group meetings, and if so, who will pay for them? It will be important at this stage to make two lists: the first is a list of all the good things that could happen if a person attends the group meetings

(the “benefits”); the second is a list of all those things that might stop people from attending the group meetings (the “barriers”). Then, you will want to take steps to reduce the barriers and to emphasize the benefits.

For example, if people attend the meetings, they will get together with other people who share their same experiences and whom they can learn from or befriend (benefit). But they may not come because the meeting place is too far from their home or at an inconvenient time (barriers). To overcome these barriers, you will need to consider what times and places are most convenient for the people you want to attend the meetings.

Publicize your group. You’ll also need to have a plan to publicize your group to maximize the number of people who attend the meetings. You may be able to enlist the help of the local media to advertise your group for free or at a reduced cost. Other methods include posting flyers in areas frequented by refugees (e.g., the community, shopping centers, bus terminals, and health centers), talking to local churches, and spreading the information through the local refugee network. When you publicize the group, think of ways to emphasize the benefits and to reduce the barriers.

Get help from others. Organizations that already have started other support groups in your community can also be an excellent resource. They may be able to support your efforts by providing information on community groups you can partner with, places where your group can meet, and guidance based on what they learned during the process.

What Is a Chronic Illness Management Program and How Do You Start One?

Chronic illness management programs are designed to address a specific illness or disease. They provide people with information about the illness and with ways to manage the symptoms so that the person can live as normal a life as possible. These programs usually target an illness that can be managed by individual behavioral changes. They can be organized for just one time or can be ongoing (e.g., you offer it only on June 15 vs. every 15th of each month). Some programs might need a few sessions to include all the information, but remember that the more sessions you have, the more difficult it will be for people to attend them.

For example, diabetes is an illness that can be kept in check through diet and exercise. A diabetes management program would provide refugees who have diabetes, or who are at risk for developing it, information on what diabetes is and what they can do to prevent it from getting worse. These programs also provide a place for refugees to get support from each other.

Starting a Chronic Illness Management Program

The steps to start a chronic illness management program are similar to the above-cited steps to start a support group. First, you should do a little research to decide which management programs are most needed in your community. Once you know this information, you should make a list of community health groups in your area who can help you. In most cases, it will be necessary for your organization to partner with another group unless you have trained experts in the health areas you will be addressing at the program.

Next, you should decide when and where the program will be held and for how many sessions. Think of how to hold the program at the most convenient times and places for the people you want to attend it. Also, take the time to publicize the program ahead of time so that people will know about it.

During the program, you should consider using preexisting materials that have already been developed and used as part of another program (if these materials have been made available to the public). However, depending on the complexity of the materials, you still may need to work with a trained health educator. It might be possible to have a professional serve as an advisor or to train your organization to run future groups.

What Is a Health Fair and How Do You Plan One?

A health fair is a large event where several organizations come together over a short time frame (such as 1 or 2 days) to offer people advice, information, or the chance to participate in fun activities. It is an excellent way for your organization to reach a lot of people at once. Health fairs can focus on a specific health-related issue, such as healthy eating and exercise, but more often they focus on a wide variety of topics. A health fair can include exhibits, workshops, demonstrations, screenings, and other displays and activities. For example, each year a city might offer a weekend “healthy weight” health fair at the city’s convention center. It might have booths that teach people how to cook healthy meals, climb rock walls, provide information about losing weight, and other activities.

How to Plan a Health Fair

The number one rule is to **plan early!** Begin organizing at least 4 to 10 months before the fair. The more time you have to prepare the better, especially if this is the first health fair your group is planning.

The first thing you’ll need to do before you start planning the fair is to decide on a date. Choose a date that doesn’t conflict with other community events (think about your target audience and any cultural or religious events that may prevent them from attending). Also, consider weather, time of year, and the best time of day to make the most of attendance.

Next, put a planning committee together. A planning committee will be involved in all aspects of planning your health fair. The committee can be staff at your organization, volunteers, and members of the target audience you hope to attract to the fair.

Steps for planning a health fair:

Audience and goal. The first step to planning a successful fair is to decide who your target audience is and what the goal of your fair will be. For example, you may want to put together a women's health fair. In that case, your audience might be women living within 15 miles of the health fair location. The goal might be to educate and encourage women to improve their health.

Budget. You will need to estimate how much it will cost to have the fair. Start by making a list of the things you will need for the fair, and then make telephone calls or inquiries to find out how much things will cost. You may be able to get volunteers or sponsors to help with parts of the list, which can help lessen the total cost. For example, you may find a sponsor willing to donate space for the fair or volunteers to prepare the food. Here is a list of standard things to consider when estimating cost:

- Health fair location
- Permits
- Insurance
- Materials (A lot of places exist to get free information and materials, so look around before spending a lot of money.)
- Advertisement (printing costs, flyers, and newspaper ads)
- Equipment (tables, chairs, and tents)
- Entertainment (music, clowns, and children's games)
- Food and refreshments
- Postage
- Prizes or other giveaways

Sponsors. Sponsors can be excellent resources to help you organize and run your health fair. Contact potential sponsors to give them background information on your organization, and tell them the goal of your health fair. Ask whether they can help with some of your needs, such as printing; donating food, space, or equipment; or advertising your event. In return, you can give them recognition by publicly acknowledging their assistance

at the fair or by using your promotional efforts. Here is a list of potential sponsors you can contact:

- Local businesses
- Restaurants
- Grocery stores
- Newspapers
- Community groups
- Local business leaders
- Individuals
- Churches
- Banks

Volunteers. Volunteers are essential to running a smooth event: the more people you have, the better. Ask your volunteers about their skills to determine the best way they can help. For example, someone with artistic ability can help design flyers and other advertisements. At the event, volunteers can help set up and break down booths and exhibits, staff exhibits, direct traffic, and answer questions. It is important to show appreciation to your volunteers for their hard work by providing recognition, giveaways, free refreshments, and other incentives.

Exhibits. National, State, or local health organizations and community groups can be invited to share information with attendees. Exhibits are a wonderful way to distribute educational materials.

Exhibitors. In addition to health organizations, you may consider having other exhibitors, for example, local businesses, companies, or individuals. These groups can provide food and drink, entertainment, and other items. You may consider charging exhibitors for booth space to help offset some of your other costs.

Screenings. Health screenings are an excellent addition to a health fair. Potential screenings include blood pressure, cholesterol checks, and so forth (you will need to check with your local health department to see whether there are any requirements for offering these screenings). Make sure you have individuals who are fully qualified for the work. You may need such special accommodations as a private booth or table for some screenings.

Logistics—where, when, what, and how. As part of the first step, you probably have already planned the date and time of your fair. The planning committee also will need to consider location, permits (e.g., sign, structural, sanitary, and entertainment), and any necessary equipment (e.g., tents, tables, portable bathrooms, and special equipment for health screenings).

Promotion. Last, but certainly not least, is promoting the event. You'll want to make sure people know about the fair in advance, along with all essential information (time, place, events, and costs). Make sure you include a name and telephone number with all promotional material so that people can call with questions. The following are some ways to promote your event:

- Flyers
- Posters
- Media—newspaper, radio, and television advertisements (Local media often will give free ad space for community events.)

What Is A Walking Program and How Do You Start One?

Walking programs are groups of people who schedule regular times to walk together. They are a great way to get community members together to exercise and socialize. Setting up a walking program can be as simple as setting a time and place for community members to get together to walk, or as complex as a large-scale, structured event. Take a look at the box on the next page to read about a walking program started in Texas.

Steps to Start a Walking Program

Your organization may make changes to the program based on community needs, but here are some basic steps to get started:

1. **Launch event.** Decide how to introduce your program to community members. Start by advertising your program through flyers, advertisements, community groups, and word of mouth several weeks in advance. Then, you can schedule a kickoff event where interested people can learn more about the program and can sign up to participate. You may want to add to the event by handing out healthy snacks, by hosting healthy cooking demonstrations, or by having a speaker talk about the benefits of exercise and good nutrition.

Walk Across Texas

Created by Texas Cooperative Extension in 1996 and still active in 2004, the goal of Walk Across Texas was simple—to get people to exercise. It started as an 8-week “simulated” program in which teams of eight people set out to walk 800 miles across the State of Texas. Each team member had a goal of walking 12 miles a week for 8 weeks. Teams could walk together, but it was not required. Each member tracked his or her own progress and reported mileage to a team captain once each week. Every week, team captains logged into the Walk Across Texas Web site to record the team's mileage. <http://walkacrosstexas.tamu.edu/index.htm>

2. **Weekly newsletter.** The Walk Across Texas program distributed a weekly newsletter to team captains to give to team members. The newsletter gave updates on how teams were doing by reporting total mileage and pounds lost. It also contained information on healthy eating and exercise. Depending on your budget, you may want to do something similar. As an alternative, you can organize weekly or biweekly meetings for members to get together for updates and motivation.
3. **Tracking chart.** To keep participants motivated, the Texas program members put together a tracking chart to record team mileage. They had one chart posted in a common area and another on the program Web site. Tracking progress is a great way to keep people motivated and to inspire healthy competition between teams. You will need to decide whether enough people in your community have access and the skills to use a computer before spending the time and money to produce and maintain a Web site. If you decide that having a Web site is worthwhile, it is a good idea to provide public computers at either a library or a community center for those who do not have their own computer. A simpler alternative is to just use a paper-and-pen tracking chart that your staff can update weekly. You can post this chart at several convenient places in your community.
4. **Wrap-up event.** A good way to end your program is to host a wrap-up event. This event can be a simple get-together to recognize the achievements of participants. You may want to hand out ribbons or certificates of completion. You also can use this event to encourage an ongoing commitment to exercise.

Resources:

Lancaster, T. (1992). *Setting up community health programs: A practical manual for use in developing countries*. London: The Macmillan Press LTD.

Mayo Foundation for Medical Education and Research. (1998-2004). *MayoClinic.com*. Retrieved from <http://www.mayoclinic.com/>

University of Kansas, Work Group on Health Promotion and Community Development. (2004). *Community tool box*. Retrieved from <http://ctb.ku.edu/>

3.4 Information on Health Screening

At the end of this section, you will be able to

- Understand what health screenings are, as well as their benefits and risks.
- Know about several different types of health screenings that your organization can offer to people in your community.

This section answers the following questions:

1. *What is a health screening?*
2. *What are the benefits of health screenings?*
3. *What are the risks of health screenings?*
4. *What types of health screenings are available?*

What Is a Health Screening?

Health screening involves testing to identify people affected by, or at risk of developing, a specific medical condition. Health screening is offered to people to find out whether they may need further tests, treatment to reduce the risk of a disease developing, or treatment to reduce the risk of potential health complications.

You do not need to know that you are at risk of a disease to receive a screening test.

Benefits of Health Screenings

Health screening can potentially save lives and improve quality of life through early diagnosis of such serious conditions as diabetes, breast cancer, colon cancer, and cervical cancer.

Most health screening tests can detect disease at an early stage because they identify a change from the body's normal function or structure. Early detection of health problems is important to maintaining good health and quality of life. Most of all, health screening tests have proven to be life savers for some people because the disease was found early enough to be treated successfully.

Risks of Health Screenings

Screening has obvious benefits. However, it is not a foolproof process. Early diagnosis of disease through screening can reduce the risk of developing a condition or its complications, but it cannot offer a guarantee of protection from the disease. With any type of screening,

a small chance exists that the results will wrongly indicate that a person has the condition (false-positive test result). A small chance also exists that the results will wrongly report that the person does not have the condition (false-negative test result) when, in fact, she does have the disease.

What Types of Health Screenings Are Available?

Many health screening tests have been designed to assist with identifying, reducing, and removing health risks. The following pages describe screening tests that can be important to maintaining good health and overall quality of life. We present nine types of health screenings:

- Anxiety
- Breast cancer
- Cervical cancer
- Cholesterol
- Colorectal cancer
- Depression
- Diabetes
- High blood pressure (hypertension)
- Skin cancer

Resources:

UK National Screening Committee. *What is screening?*
Retrieved from http://www.nsc.nhs.uk/whatscreening/whatscreen_ind.htm

Ying, V. P. S. (2003, May/June). Health screening and its benefits. *Mount Alvernia Hospital Newsletter*.
Retrieved from <http://www.mtalvernia-hospital.org/bot/newsletter/03-56%20Health%20Screening%20and%20Benefits.pdf>

For more information:

Talk with your doctor about the benefits and risks of health screenings.

Health Screening 1: Anxiety

At times, people can feel anxious or nervous to the point that they cannot function in everyday tasks. If you have been feeling overly afraid of things, have expressed fears about being out or around other people, or have been reliving traumatic experiences, you may be experiencing anxiety problems. You may also be experiencing physical changes, like rapid heartbeat and fatigue, that are related to your anxieties. If this is the case, you will want to talk with your primary health care provider. He can screen you for any number of anxiety-related problems by asking you questions and talking with you about your symptoms. Then, your doctor may refer you to a mental health professional who will conduct a psychological evaluation.

Screening for anxiety is done most often through a psychological evaluation. A psychiatrist, psychologist, or other mental health professional will ask you questions about yourself that will help her determine whether you have symptoms of an anxiety problem and whether those symptoms are due to another condition.

The types of questions you might be asked include the following:

- Do you worry constantly and have problems controlling it?
- Do you have difficulty sleeping?
- Do you have such physical symptoms as fast heart rate; chills, sweating, or both; nausea; headaches; shakiness; or breathing difficulties?
- Do you have difficulty concentrating?
- Do you have anxiety or panic attacks?
- Do you have intense anxiety in social situations?
- Do you have obsessive thoughts or perform repetitive rituals?
- Do you feel sad or hopeless?

Other Screening Methods

Self-Tests

One of the quickest and easiest ways to determine whether you have symptoms of an anxiety disorder is by taking a self-test. These screening tests are not meant to provide a diagnosis or to replace a proper evaluation by a physician or mental health professional. A “positive” result from any screening test only indicates that you could benefit from a comprehensive mental health exam. Regardless of the results, contact your primary health care provider, a mental health professional, or both, if you have any concerns.

Health Screening 1: Anxiety (continued)

A selection of self-tests is available on the Anxiety Disorders of America Web site at <http://www.adaa.org>.

National Anxiety Disorders Screening Day

National Anxiety Disorders Screening Day is an annual event held in May and sponsored by Freedom from Fear, a nonprofit organization that helps and counsels persons who suffer from anxiety and depressive disorders and their families.

The screening involves watching a video and filling out a questionnaire. After you fill out the questionnaire, you may talk one on one with a mental health professional. A licensed mental health professional directs each screening site. If the answers to your questionnaire indicate a need for further evaluation, you will be given a referral to a qualified health or mental health professional.

For more information and to find out about screening locations in your area, call 1-888-442-2022.

Resources:

Anxiety Disorders Association of America. *Brief overview of anxiety disorders*. Retrieved from <http://www.adaa.org>

Freedom from Fear. (2000). *Anxiety disorders*. Retrieved from <http://www.freedomfromfear.com>

For more information:

Anxiety Disorders Association of America

8730 Georgia Avenue, Suite 600
Silver Spring, MD 20910
Telephone: 240-485-1001
Web site: <http://www.adaa.org>

National Mental Health Association

2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
Telephone: 1-800-969-6642 or 703-684-7722
Text telephone (TTY): 1-800-443-5959
Web site: <http://www.nmha.org>

(continued)

Health Screening 1: Anxiety (continued)

For more information (continued):

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

National Institute of Mental Health (NIMH)

Office of Communications

Information Resources and Inquiries Branch

6001 Executive Boulevard

Room 8184, MSC 9663

Bethesda, MD 20892-9663

Telephone: 301-443-4513

Toll-free information line: 1-866-615-6464

TTY: 301-443-8431

Fax: 301-443-4279

E-mail: nimhinfo@nih.gov

Web site: <http://www.nimh.nih.gov>

Freedom from Fear

308 Seaview Avenue

Staten Island, NY 10305

Telephone: 718-351-1717

Fax: 718-980-5022

E-mail: contactfff@aol.com

Web site: <http://www.freedomfromfear.com>

Health Screening 2: Breast Cancer

If you can find cancer early, the chance for survival is much better. Three basic screening methods are used to look for breast cancer:

- Breast self-exams
- Clinical breast exams
- Mammograms

Breast Self-Exams

A breast self-exam (BSE) is an examination to check your own breasts for lumps or anything else that seems unusual. BSE is a way for all women (starting in their 20s) to find changes in their breasts.

If you do BSE on a regular basis, you get to know how your breasts normally feel. Then, you can notice changes more easily. You should see your health care provider right away if you notice any changes.

Clinical Breast Exams

A clinical breast exam (CBE) is an examination of your breasts by a health professional, such as a doctor, nurse practitioner, nurse, or physician assistant. For this exam, you undress from the waist up. The examiner will first look at your breasts for changes in size or shape. Then, using the pads of the fingers, he will gently feel your breasts for lumps. He will also examine the area under both arms. This is a good time to learn how to do a breast self-exam if you don't already know how.

Women in their 20s and 30s should have a CBE as part of a regular exam by a health care provider every 3 years. After age 40, women should have a breast exam by a health care provider every year.

Mammograms

Women aged 40 or older should have a mammogram every year and should continue to do so for as long as they are in good health.

A mammogram is an X-ray of the breast. This test is used to look for breast disease in women who appear to have no breast problems.

For the mammogram, you will undress above the waist. You will have a wrap to cover yourself. A radiography technician (most often a woman) will position your breast correctly for the test. During a mammogram, the breast is pressed between two plates to flatten and spread the tissue. The pressure lasts only for a few seconds while the picture

Health Screening 2: Breast Cancer (continued)

is taken. Although applying pressure may cause some discomfort for a moment, it is needed to get a good picture. You usually will get your results within 30 days. However, if there is a problem, you generally will learn your results within a week.

How Do You Get a Free or Low-Cost Mammogram?

Medicare, Medicaid, and most private health plans cover all or part of the cost of this test. Breast cancer testing is now more available to women without health insurance for free or at low cost through a special program, the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). Your State department of health will have information about the program.

You also can call the National Cancer Institute's Cancer Information Service: 1-800-4-CANCER (1-800-422-6237). TTY users should call 1-800-332-9615 or visit www.cdc.gov/cancer/nbccedp.

Also, a new program exists to help pay for breast cancer treatment for women in need. To learn more about this program, you can contact the Centers for Disease Control and Prevention at 1-888-842-6355 or visit www.cdc.gov/cancer.

Resources:

American Cancer Society, Inc. (2004). *Overview: Breast cancer—How is breast cancer found?* Retrieved from http://www.cancer.org/docroot/CRI/content/CRI_2_2_3X_How_is_breast_cancer_found_5.asp?sitearea

National Cancer Institute. (2003). *What you need to know about™ breast cancer* (NIH Publication No. 03-1556). Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/breast>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

National Cancer Institute NCI Public Inquiries Office

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

(continued)

Health Screening 2: Breast Cancer (continued)

For more information (continued):

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)

TTY (for callers deaf and hard of hearing): 1-800-322-8615

Centers for Disease Control and Prevention

Division of Cancer Prevention and Control

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

Susan G. Komen Breast Cancer Foundation

5005 LBJ Freeway, Suite 250

Dallas, TX 75244

Telephone: 972-855-1600

Fax: 972-855-1605

Web site: <http://www.komen.org>

National Breast Care Helpline: 1-800-I'M AWARE® (1-800-462-9273)

Health Screening 3: Cervical Cancer

The most important thing you can do to avoid getting cervical cancer is to have regular Pap tests. The Pap test can find abnormal cells in the cervix (the opening to the uterus). These cells may, over time, turn into cancer. This change could take several years to happen.

If the results of a Pap test show abnormal cells that could become cancerous, a woman can be treated. In most cases, this treatment prevents cervical cancer from developing.

Pap tests can also find cervical cancer early. When cervical cancer is found early, the chance of being cured is very high.

What Is the Pap Test?

The Pap test, also called the **Pap smear**, is a cervical cancer screening test. It is not used to detect other kinds of cancer. It is done in a doctor's office or a clinic. This test can find abnormal cells in the cervix that may turn into cancer if they are not treated.

During the test, the doctor or nurse uses a plastic or metal instrument, called a **speculum**, to widen the vagina. This instrument helps the doctor or nurse examine the vagina and the cervix and collect a few cells and mucus from the cervix and the area around it. These cells are placed on a slide and are sent to a laboratory to be checked for abnormal cells.

The doctor or nurse also performs a pelvic exam, checking the uterus, ovaries, and other organs to make sure no problems exist. Sometimes, a doctor may perform a pelvic exam without giving you a Pap test. Ask your doctor or nurse which tests you're having, if you are unsure.

Who Should Have a Pap Test?

Doctors recommend that women begin having regular Pap tests and pelvic exams at age 21, or within 3 years of the first time they have sexual intercourse—whichever happens first. After a woman has a Pap test each year for 3 years in a row and test results show no problems, national guidelines recommend that she get the Pap test once every 2 to 3 years.

Who Does Not Need to Be Tested?

The only women who do not need regular Pap tests are the following:

- Those women over age 65 who have had several regular Pap tests with normal results and have been told by their doctors that they no longer need to be tested.

Health Screening 3: Cervical Cancer (continued)

- Women who do not have a cervix. This group includes women whose cervix was removed as part of an operation to remove the uterus. (The surgery is called a **hysterectomy**.) However, a small number of women who have had this operation still have a cervix and should continue having regular Pap tests. If you're not sure whether you have a cervix, ask your doctor.

How Do I Prepare for the Pap Test?

Doctors recommend that you try to schedule your Pap test for a time when you are not having your menstrual period. To prepare for the Pap test, doctors recommend that for 2 days before the test you avoid the following:

- Douching
- Using tampons
- Having sexual intercourse
- Using birth control foams, creams, or jellies or vaginal medications or creams

When Will I Get the Results?

It can take up to 3 weeks to receive Pap test results. Most results are normal. But if your test shows that something may be abnormal, the doctor or nurse will contact you and probably want to do more tests. Pap test results can be abnormal for many reasons, and usually it does not mean you have cancer.

How Do I Get a Free or Low-Cost Pap Test?

Free or low-cost Pap tests and mammograms are available to eligible women through programs funded by the National Breast and Cervical Cancer Early Detection Program (NBCCEDP). These programs and others that offer free or low-cost Pap tests and mammograms are available throughout the country.

To find out whether you are eligible and to find locations that offer free or low-cost Pap tests and mammograms, call your State or local health department.

You can also call the National Cancer Institute's Cancer Information Service: 1-800-4-CANCER (1-800-422-6237). TTY users should call 1-800-332-9615 or visit www.cdc.gov/cancer/nbccedp.

Health Screening 3: Cervical Cancer (continued)

Resource:

Centers for Disease Control and Prevention. (2003). *Cervical cancer screening fact sheet: Basic facts on screening and the Pap test* (CDC Publication No. 99-6949). Retrieved from http://www.cdc.gov/cancer/nbccedp/cc_basic.htm#cc

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

**National Cancer Institute
NCI Public Inquiries Office**

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)
TTY (for callers deaf and hard of hearing): 1-800-322-8615

**Centers for Disease Control and Prevention
Division of Cancer Prevention and Control**

4770 Buford Highway, NE
MS K64
Atlanta, GA 30341
Toll-free information line: 1-888-842-6355
Fax: 770-488-4760
E-mail: cancerinfo@cdc.gov
Web site: <http://www.cdc.gov/cancer/index.htm>

Health Screening 4: Cholesterol

High levels of the wrong kind of cholesterol in your blood can increase your risk of heart disease, stroke, heart attack, and other health problems. A good way to detect high blood cholesterol early, so that you can take steps to reduce your risk of health problems, is to have a regular blood test to measure your cholesterol level.

What Does a Cholesterol Screening Involve?

It is best to have a blood test called a **lipoprotein profile** to find out your cholesterol numbers. A doctor, nurse, or other health care professional will take a sample of blood from a vein in your arm. This blood test is done after you have not eaten anything for 9 to 12 hours. This test provides the following information about you:

- LDL (bad) cholesterol is the main source of cholesterol buildup and blockage in arteries.
- HDL (good) cholesterol helps keep LDL cholesterol from building up in the arteries.
- Total cholesterol level is LDL and HDL combined.
- Triglycerides are another form of fat in your blood.

If you have results from a lipoprotein profile, see how your cholesterol numbers compare to the values below.

Total Cholesterol Level¹ Less than 200 mg/dL 200 to 239 mg/dL 240 mg/dL and above	Explanation Desirable Borderline high High
LDL (bad) Cholesterol Level Less than 100 mg/dL 100 to 129 mg/dL 130 to 159 mg/dL 160 to 189 mg/dL 190 mg/dL and above	Explanation Optimal Near optimal/above optimal Borderline high High Very high

HDL (good) cholesterol protects against heart disease; so for HDL, higher numbers are better and lower numbers are not desirable. An HDL level less than 40 mg/dL is low and is considered a major risk factor because it increases your risk of developing heart disease. HDL levels of 60 mg/dL or more lower your risk of heart disease.

If it is not possible to get a lipoprotein profile done, knowing your total cholesterol and HDL cholesterol can give you a general idea about your cholesterol levels. If your total

¹ Cholesterol levels are measured in milligrams (mg) of cholesterol per deciliter (dL) of blood.

Health Screening 4: Cholesterol (continued)

cholesterol is 200 mg/dL or more or if your HDL is less than 40 mg/dL, you will need to have a lipoprotein profile done.

High triglycerides also can increase your risk of heart disease. Levels that are borderline high (150 to 199 mg/dL) or high (200 mg/dL or more) may need to be treated.

Who Should Have Cholesterol Screening?

All people age 20 or older should have their cholesterol measured at least once every 5 years. Your health care provider may suggest that you have it checked more often, especially if your cholesterol is too high.

It is especially important to start having your cholesterol checked if you fall into the following categories:

- You are a man 35 years of age or older.
- You are a woman 45 years of age or older.
- You are a man between the ages of 20 and 35 or a woman between the ages of 20 and 45, and you have other risk factors for heart disease. Other risk factors are tobacco use, diabetes, high blood pressure, or a family history of heart disease.

Health Screening 4: Cholesterol (continued)

Resources:

Agency for Healthcare Research and Quality. (2003). *Pocket guide to good health for adults* (Publication APP03-0001).

Retrieved from <http://www.ahrq.gov/ppip/adguide>

National Heart, Lung, and Blood Institute. (2001). *High blood cholesterol: What you need to know* (NIH Publication No. 01-3290).

Retrieved from <http://www.nhlbi.nih.gov/health/public/heart/chol/wyntk.pdf>

For more information:

American Heart Association

National Center

7272 Greenville Avenue

Dallas, TX 75231

Telephone: 1-800-AHA-USA-1 (1-800-242-8721) or check your telephone book for your local office

Web site: <http://www.americanheart.org/>

National Heart, Lung, and Blood Institute

Health Information Center

P.O. Box 30105

Bethesda, MD 20824-0105

Telephone: 301-592-8573

TTY: 240-629-3255

Fax: 240-629-3246

Web site: <http://www.nhlbi.nih.gov/>

Health Screening 5: Colorectal Cancer

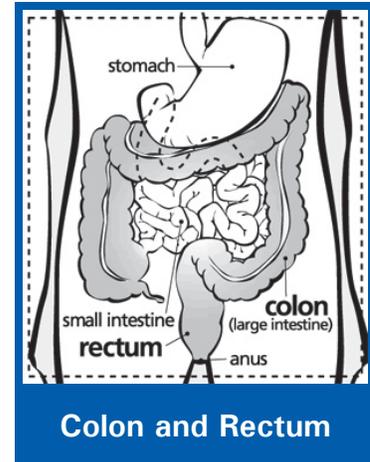
If you are 50 years old or older, getting a screening test for colorectal cancer could save your life. Here's how:

Colorectal cancer usually starts from polyps in the colon or rectum. A polyp is a growth that shouldn't be there.

Over time, some polyps can turn into cancer.

Screening tests can find polyps, so they can be removed before they turn into cancer.

Screening tests can also find colorectal cancer early. When it is found early, the chance of being cured is good.



Source: Screen for Life (2002)

Several different screening tests can be used to find polyps or colorectal cancer. Each one can be used alone. Sometimes, they are used in combination with each other. Talk with your doctor about which test or tests are right for you and about how often you should be tested.

Fecal occult blood test or stool test. For this test, you receive a test kit from your doctor or health care provider. At home, you put a small piece of stool on a test card. You do this for three bowel movements in a row. Then, you return the test cards to the doctor or a lab. The stool samples are checked for blood. This test should be done every year.

Flexible sigmoidoscopy. For this test, the doctor puts a short, thin, flexible, lighted tube into your rectum. The doctor checks for polyps or cancer inside the rectum and lower third of the colon. This test usually is done every 5 years.

Fecal occult blood test plus flexible sigmoidoscopy. Your doctor may ask you to have both tests. Some experts believe that by using both tests, there is a better chance of finding polyps or colorectal cancer.

Colonoscopy. This test is similar to flexible sigmoidoscopy, except the doctor uses a longer, thin, flexible, lighted tube to check for polyps or cancer inside the rectum and the entire colon. During the test, the doctor can find and remove most polyps and some cancers. Testing often starts around 50 years of age and is repeated every 3 to 5 years, pending test results.



Source: Screen for Life (2002)

Colonoscopy also may be used as a follow-up test if anything unusual is found during one of the other screening tests.

Health Screening 5: Colorectal Cancer (continued)

Double contrast barium enema. This test is an X-ray of your colon. You are given an enema that contains barium before the doctor takes an X-ray. The barium makes it easy for the doctor to see the outline of your colon on the X-ray to check for polyps or other abnormalities. This test usually is done every 5 to 10 years.

Where Can Individuals Usually Obtain These Tests?

Tests for colorectal cancer are given at most hospitals and through your health care provider, who may refer you to a gastroenterologist—a specialist in the digestive system. You can talk with your doctor for advice about your risk of colorectal cancer and about your need to be screened for it.

Resources:

National Cancer Institute. (2004). *Colorectal cancer (PDQ®): Screening*.

Retrieved from <http://www.cancer.gov/cancertopics/pdq/screening/colorectal/Patient/page3>

Screen for Life: National Colorectal Cancer Action Campaign. (2002). *Basic facts on screening* (CDC Publication No. 99-6949).

Retrieved from Centers for Disease Control and Prevention Web site: http://www.cdc.gov/cancer/screenforlife/fs_basic.htm

For more information:

Screen for Life: National Colorectal Cancer Action Campaign

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention

Division of Cancer Prevention and Control

<http://www.cdc.gov/cancer/ScreenforLife>

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter

<http://www.cancer.org>

National Cancer Institute

NCI Public Inquiries Office

6116 Executive Boulevard

Suite 3036A, MSC8322

Bethesda, MD 20892-8322

<http://cancer.gov>

(continued)

Health Screening 5: Colorectal Cancer (continued)

For more information (continued):

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)

TTY (for callers deaf and hard of hearing): 1-800-322-8615

Centers for Disease Control and Prevention

Division of Cancer Prevention and Control

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

Colon Cancer Alliance

175 Ninth Avenue

New York, NY 10011

Toll-free Helpline: 1-877-422-2030

Web site: <http://www.ccalliance.org>

Health Screening 6: Depression

If you have been feeling “down” for more than a few weeks or are having difficulty functioning in daily life, you may be experiencing symptoms of depression. Talk with your primary health care provider. She can screen you for depression by asking you questions and talking with you about your symptoms. Then, your doctor may refer you to a mental health professional who will conduct a psychological evaluation.

Screening for depression is done most often through a psychological evaluation. A psychiatrist, psychologist, or other mental health professional will ask you questions about yourself that will help him determine whether you have symptoms of depression and whether those symptoms are from depression or another condition.

The types of questions you might be asked include the following:

- Do you feel sad or hopeless?
- Do you have difficulty sleeping?
- Do you have difficulty concentrating?
- Do you have less interest or pleasure in hobbies and activities that you usually enjoy?
- Have you experienced a loss of appetite, weight loss, overeating, or weight gain?
- Do you have thoughts of death or suicide?
- Do you feel restless or irritable?
- Do you have ongoing physical symptoms, such as headaches, digestive disorders, and chronic pain, which do not respond to treatment?

Other Screening Methods

Self-Tests

One of the quickest and easiest ways to determine whether you have symptoms of depression is by taking a self-test. This screening test is not meant to provide a diagnosis or to replace a proper evaluation by a physician or mental health professional. A “positive” result from any screening tools only indicates that you could benefit from a comprehensive mental health exam. Regardless of the results, contact your primary health care provider, a mental health professional, or both, if you have any concerns.

A confidential depression screening test can be found on the Web site sponsored by the National Mental Health Association (<http://www.depressionscreening.org>).

Health Screening 6: Depression (continued)

National Depression Screening Day

National Depression Screening Day is an annual event held at various sites around the country. The event is organized by Screening for Mental Health, Inc., a nonprofit organization developed to coordinate nationwide mental health screening programs.

The screening involves watching a video and filling out a screening questionnaire. After you fill out the questionnaire, you may talk one on one with a mental health professional. A licensed mental health professional directs each screening site. If the answers to your questionnaire indicate a need for further evaluation, you will be given a referral to a qualified health or mental health professional.

Resource:

National Institute of Mental Health. (2000). *What is a depressive disorder?* (NIH Publication No. 00-3561).

Retrieved from <http://www.nimh.nih.gov/publicat/depression.cfm#ptdep1>

For more information:

Depression-Screening.org

<http://www.depressionscreening.org>

Screening for Mental Health, Inc.

One Washington Street, Suite 304

Wellesley Hills, MA 02481

Telephone: 781-239-0071

Fax: 781-431-7447

E-mail: info@mentalhealthscreening.org

Web site: <http://www.mentalhealthscreening.org>

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

(continued)

Health Screening 6: Depression (continued)

For more information (continued):

National Alliance for the Mentally Ill

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
Telephone: 1-800-950-NAMI (1-800-950-6264) or 703-524-7600
Web site: <http://www.nami.org>

**National Depressive and Manic-Depressive Association
Depression and Bipolar Support Alliance**

730 North Franklin, Suite 501
Chicago, IL 60610
Telephone: 1-800-82-NDMDA (1-800-826-3632)
Web site: <http://www.ndmda.org>

**National Institute of Mental Health (NIMH)
Office of Communications
Information Resources and Inquiries Branch**

6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: 301-443-4513
Toll-free information line: 1-866-615-6464
TTY: 301-443-8431
Fax: 301-443-4279
E-mail: nimhinfo@nih.gov
Web site: <http://www.nimh.nih.gov>

National Mental Health Association

2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
Telephone: 1-800-969-6942 or 703-684-7722
TTY: 1-800-443-5959
Web site: <http://www.nmha.org>

Health Screening 7: Diabetes

Diabetes is a condition in which the level of sugar in your blood is higher than normal. If diabetes is not treated, potentially life-threatening health problems can develop.

What Does Diabetes Screening Involve?

Diabetes screening involves measuring the level of sugar in your blood. A normal blood sugar range for a person who has not eaten in 8 hours, or who has fasted overnight, is between 70 to 100 milligrams per deciliter of blood (mg/dL). That is equal to about 1 teaspoon of sugar in an entire gallon of water. If your blood sugar level is above 126 mg/dL on a consistent basis, you are likely to have diabetes.

Screening for diabetes usually is not done during routine visits with your doctor unless you show symptoms or if you are at risk of the disease.

Four screening tests can detect whether a person has diabetes:

- 1. Finger-prick blood sugar screening test.** This simple, inexpensive blood test requires a single drop of blood from a prick in your finger. The drop of blood is placed on a chemically treated strip that is inserted into a small device that reads the strip and displays your blood sugar level. The finger-prick blood sugar screening test usually is done after you fast overnight. If the reading is high (more than 126 mg/dL), then you should have a more advanced blood sugar screening test.
- 2. Random blood sugar screening test.** This test is included as part of routine blood work during your physical exam. Your blood is drawn from a vein in your arm and is sent to a laboratory for testing. Your results may be high because fasting is not required and because you may have just eaten. Even in this case, your blood sugar level should not be higher than 200 mg/dL.
- 3. Fasting blood glucose screening test.** A more formal blood glucose test, this method is preferred because your blood is drawn after you have fasted overnight or for at least 8 hours. A blood sugar level measuring 126 mg/dL or higher means you need a second test. If the second test measures 126 mg/dL or higher, you probably will be diagnosed with diabetes.
- 4. Glucose change screening test.** This test is used to screen pregnant women for gestational diabetes. Some women develop this type of diabetes during the second or third trimester. The test requires that the pregnant woman drink 8 ounces of very sweet liquid after fasting for 8 hours. Blood is drawn from a vein in the arm and is sent to a laboratory. If the woman's blood sugar level measures 126 mg/dL or higher, the doctor will want to repeat the test. If the results of the second test are the same, the woman likely will be diagnosed as having gestational diabetes.

Health Screening 7: Diabetes (continued)

Where Can Individuals Obtain These Tests?

Tests for diabetes can be obtained at any primary health care clinic or at your local health department. Talk with your doctor for advice about your risk of diabetes and about your need to be screened for it.

Resources:

American Diabetes Association. (2002). Screening for diabetes: Position statement. *Diabetes Care*, 25(Suppl 1). Retrieved from http://care.diabetesjournals.org/cgi/reprint/25/suppl_1/s21.pdf

Mayo Foundation for Medical Education and Research. (2003). Diabetes. Retrieved from MayoClinic.com Web site: www.mayoclinic.com/invoke.cfm?id=DS00329

For more information:

American Diabetes Association

Attn.: National Call Center
1701 North Beauregard Street
Alexandria, VA 22311
Telephone: 1-800-DIABETES (1-800-342-2383)
Web site: www.diabetes.org

National Institute of Diabetes and Digestive and Kidney Diseases

National Diabetes Information Clearinghouse
<http://diabetes.niddk.nih.gov>

Health Screening 8: High Blood Pressure (Hypertension)

Only your doctor can tell you whether you have high blood pressure. Your doctor may check your blood pressure several times on different days before deciding that you have high blood pressure. A diagnosis of high blood pressure is given if repeated readings are 140/90 or higher, or 130/80 or higher if you have diabetes or chronic kidney disease.

Your blood pressure should be checked at least once every 2 years.

How Is Blood Pressure Tested?

Having your blood pressure tested is quick and easy. Your doctor or nurse will use some type of a gauge, a stethoscope (or electronic sensor), and a blood pressure cuff, also called a **sphygmomanometer (sfig-mo-ma-NOM-e-ter)**.

Blood pressure readings usually are taken when you are sitting or lying down and relaxed. Before your blood pressure is measured, it is important that you follow these instructions:

- Do not drink coffee or smoke cigarettes 30 minutes before having your blood pressure taken.
- Wear short sleeves.
- Go to the bathroom before the reading. Having a full bladder can change your blood pressure reading.
- Sit quietly for 5 minutes before the test.

Ask the doctor or nurse to tell you the blood pressure reading in numbers.

You also can check your blood pressure at home with a home blood pressure measurement device, or monitor. It is important that you understand how to use the monitor properly. Your doctor, nurse, or pharmacist can help you check the monitor and can teach you how to use it correctly. You also may ask for their help in choosing the right blood pressure monitor for you. You can buy blood pressure monitors at discount chain stores and pharmacies. Below are additional things to do when taking your blood pressure at home:

- Sit with your back supported and your feet flat on the floor.
- Rest your arm on a table at the level of your heart.
- Take two readings, at least 2 minutes apart, and average the results.

Health Screening 8: High Blood Pressure (continued)

Some people's blood pressure is high only when they visit the doctor's office. This condition is called **white-coat hypertension**. If your doctor suspects this condition, you may be asked to check and record your blood pressure at home with a home monitor. Another way to check blood pressure away from the doctor's office is by using an ambulatory blood pressure monitor. This device is worn for 24 hours and can take blood pressure as often as every 30 minutes.

Resource:

National Heart, Lung, and Blood Institute. *High blood pressure: How do you know if you have high blood pressure?*

Retrieved from the National Heart, Lung, and Blood Institute Diseases and Conditions Index:
http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_Diagnosis.html

For more information:

American Heart Association

National Center

7272 Greenville Avenue

Dallas, TX 75231

Telephone: 1-800-AHA-USA-1 (1-800-242-8721) or check your telephone book for your local office

Web site: <http://www.americanheart.org/>

National Heart, Lung, and Blood Institute

Health Information Center

P.O. Box 30105

Bethesda, MD 20824-0105

Telephone: 301-592-8573

TTY: 240-629-3255

Fax: 240-629-3246

<http://www.nhlbi.nih.gov/>

Health Screening 9: Skin Cancer

Screening for skin cancer can be done through a routine skin examination with your primary health care provider or a dermatologist—a specialist in skin disorders. Skin self-exams also are an important method of screening for skin cancer that you can do at home.

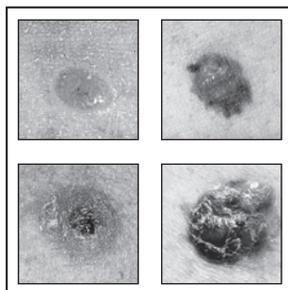
How to Do a Skin Self-Exam

You can improve your chances of finding skin cancer promptly by performing a simple skin self-exam regularly. The best time to do this self-exam is after a shower or bath.

You should check your skin in a well-lighted room using a full-length mirror and a hand-held mirror. It is best to begin by learning where your birthmarks, moles, and blemishes are and what they usually look like. Check for anything new—a change in the size, texture, or color of a mole, or a sore that does not heal.

Check **all** areas, including the back, the scalp, between the buttocks, and the genital area:

- Look at the front and back of your body in the mirror, then raise your arms and look at the left and right sides.
- Bend your elbows and look carefully at your palms, forearms (including the undersides), and the upper arms.
- Examine the back and front of your legs. Also, look between your buttocks and around your genital area.
- Sit and closely examine your feet, including the soles and the spaces between the toes.
- Look at your face, neck, and scalp. You may want to use a comb or a blow dryer to move hair so that you can see these areas better.



Source: NCI (1998)

By checking your skin regularly, you will become familiar with what is normal. If you find anything unusual, see your doctor right away. Remember, the earlier skin cancer is found, the better the chance for a cure.

Health Screening 9: Skin Cancer (continued)

The ABCD Rule for Early Detection of Melanoma

Almost everyone has moles. The vast majority of moles are perfectly harmless. A change in the appearance of a mole is a sign that you should see your doctor. Here's the simple ABCD rule to help you remember the important signs of melanoma and other skin cancers:

A is for **ASYMMETRY**. One-half of a mole or birthmark does not match the other.

B is for **BORDER**. The edges are irregular, ragged, notched, or blurred.

C is for **COLOR**. The color is not the same all over. It may have differing shades of brown or black, sometimes with patches of red, white, or blue.

D is for **DIAMETER**. The area is larger than 6 millimeters (about $\frac{1}{4}$ inch—the size of a pencil eraser) or is growing larger.

Other important signs of melanoma include changes in size, shape, or color of a mole or the appearance of a new spot. Some melanomas do not fit the ABCD rule described above, so it is particularly important for you to be aware of changes in your skin.

Resource:

National Cancer Institute. (1998). *What you need to know about™ skin cancer* (NIH Publication No. 95-1564).

Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/skin>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter

<http://www.cancer.org>

National Cancer Institute

NCI Public Inquiries Office

6116 Executive Boulevard

Suite 3036A, MSC 8322

Bethesda, MD 20892-8322

<http://cancer.gov>

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)

TTY (for callers deaf and hard of hearing): 1-800-322-8615

(continued)

Health Screening 9: Skin Cancer (continued)

For more information (continued):

**Centers for Disease Control and Prevention
Division of Cancer Prevention and Control**

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

American Academy of Dermatology

P.O. Box 4014

Schaumburg, IL 60168-4014

Telephone: 847-330-0230

Fax: 847-330-0050

Web site: <http://www.aad.org>

3.5 Information on Specific Health Concerns for Refugee Communities

At the end of this section, you will be able to

- Know the definitions and risk factors of several chronic and infectious diseases.
- Make suggestions for what people can do to lower their risks for specific diseases, and recommend other organizations that can provide more information on the diseases.
- Use the fact sheets provided to create handouts for people in your community about specific diseases.

This section answers the following questions:

1. *What are the definitions and risk factors of several chronic and infectious diseases?*
2. *What can people do to lower their risk for specific diseases?*
3. *Which organizations can provide additional information on specific diseases?*

Many health issues can affect refugees in your community, beyond the infectious diseases that are of greatest concern when they first enter the United States. Chronic diseases that affect many Americans are also a concern for refugees. Also, many refugees may be unfamiliar with what they can do to prevent chronic diseases. However, your organization can play an important role in helping refugees in your community stay healthy.

In the following pages, we provide you with a series of fact sheets on various health concerns—chronic and infectious—for refugee communities. These fact sheets contain basic information including definitions, risk factors, suggestions for what refugees can do to lower their risk of specific diseases, and organizations where they can find more information. The fact sheets cover the following topics:

	Beginning on page:
Chronic illness (Section 3.5.1)	3-53
Communicable diseases (Section 3.5.2)	3-97
Behavioral health concerns (Section 3.5.3)	3-115
Maternal and child health (Section 3.5.4)	3-151
Older adult issues (Section 3.5.5)	3-167

These fact sheets are designed specifically for you to use within your communities. They are written in such a way that they can be used as handouts you can give to the people in your community. We encourage you to use them as is, translate them, or adapt them as you see fit to provide your refugee communities with information to help them stay healthy.

3.5.1 Chronic Illness

Our first set of fact sheets provides information about chronic illness:

- Breast cancer
- Colorectal cancer
- Depression
- Diabetes
- Healthy body weight
- Heart disease
- High blood pressure
- Lung cancer
- Prostate cancer
- Skin cancer

Fact Sheet 1: Breast Cancer

What Is Breast Cancer?

Breast cancer is a disease in which cells become abnormal, grow fast, and form tumors in the breast. It is the second leading cause of death from cancer in the United States.

Women in the United States get breast cancer more than any other type of cancer except skin cancer. Breast cancer occurs in men also, but the number of cases is small.

What Increases Your Risk of Breast Cancer?

- Older age
- Early age at first menstrual period
- Older age when your first child is born or never having given birth
- Personal history of breast cancer or benign (noncancer) breast disease
- A mother or sister with breast cancer
- Treatment with radiation therapy to the breast or chest
- Breast tissue that is dense on a mammogram
- Hormone use (such as estrogen and progesterone, which are found in birth control pills)
- Drinking alcoholic beverages
- Caucasian race

What Are Some Symptoms of Breast Cancer?

- A change in how the breast or nipple feels:
 - A lump or thickening in or near the breast or in the underarm area
 - Nipple tenderness
- A change in how the breast or nipple looks:
 - A change in the size or shape of the breast
 - The nipple turned into the breast

Fact Sheet 1: Breast Cancer (continued)

- The skin of the breast, the area around the nipple (the areola), or the nipple is scaly red or swollen; these areas may look like the skin of an orange.
- Fluid draining from the nipple

What Can You Do to Lower Your Risk of Breast Cancer and to Detect It Early?

- Get a mammogram every 1 to 2 years if you are a woman over the age of 40.
- Talk with your doctor about having a mammogram if you are younger than age 40 and know you have a higher risk of breast cancer.
- Visit your doctor or other health care provider for a breast exam.
- Perform a monthly breast self-exam. Call your doctor if you feel a lump or notice any changes.
- Limit alcohol.
- Eat a healthy diet.
- Exercise.

Talk with your doctor about your risk of breast cancer, and ask what you can do to stay healthy.

Resource:

National Cancer Institute. (2003). *What you need to know about™ breast cancer* (NIH Publication No. 03-1556). Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/breast>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

**National Cancer Institute
NCI Public Inquiries Office**

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

(continued)

Fact Sheet 1: Breast Cancer (continued)

For more information (continued):

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)

TTY (for callers deaf and hard of hearing): 1-800-322-8615

Centers for Disease Control and Prevention

Division of Cancer Prevention and Control

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

Susan G. Komen Breast Cancer Foundation

5005 LBJ Freeway, Suite 250

Dallas, TX 75244

Telephone: 972-855-1600

Fax: 972-855-1605

Web site: <http://www.komen.org>

National Breast Care Helpline: 1-800-I'M AWARE® (1-800-462-9273)

Fact Sheet 2: Colorectal Cancer

What Is Colorectal Cancer?

Colorectal cancer is a disease in which cells become abnormal, grow fast, and form tumors in the tissues of the colon or the rectum, which are parts of the large intestine.

Cancer that begins in the colon is called **colon cancer**, and cancer that begins in the rectum is called **rectal cancer**. Cancer that begins in either of these organs may also be called **colorectal cancer**.

Colorectal cancer is the second leading cause of death from cancer in the United States. It is found more often in men than in women.

Screening tests, including a fecal occult blood test (FOBT), sigmoidoscopy, and colonoscopy, are used to detect colorectal cancer.

What Increases Your Risk of Colorectal Cancer?

- Being older than 50 years of age
- Having a personal history of any of the following:
 - Colorectal cancer or polyps (small growths in the bowel)
 - Cancer of the ovary, endometrium, or breast
 - Ulcerative colitis or Crohn's disease
- Having a parent, brother, sister, or child with colorectal cancer or polyps
- Having certain rare hereditary conditions
- Eating a low-fiber diet

What Are Some Symptoms of Colorectal Cancer?

- A change in bowel habits
- Diarrhea, constipation, or feeling that the bowel does not empty completely
- Blood (either bright red or very dark) in the stool
- Stools that are narrower than usual
- General abdominal discomfort (frequent gas pains, bloating, fullness, and/or cramps)

Fact Sheet 2: Colorectal Cancer (continued)

- Constant tiredness
- Vomiting

What Can You Do to Lower Your Risk of Colorectal Cancer and to Detect It Early?

- Visit your doctor to conduct a colorectal cancer screening test if you are over age 50 or at increased risk of colorectal cancer.
- Eat a healthy diet with increased fiber.
- Exercise regularly.

Talk with your doctor about your risk of colorectal cancer, and ask what you can do to stay healthy.

Resource:

National Cancer Institute. (1999). *What you need to know about™ cancer of the colon and rectum* (NIH Publication No. 99-1552).

Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/colon-and-rectum>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

National Cancer Institute

NCI Public Inquiries Office

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)
TTY (for callers deaf and hard of hearing): 1-800-322-8615

(continued)

Fact Sheet 2: Colorectal Cancer (continued)

For more information (continued):

**Centers for Disease Control and Prevention
Division of Cancer Prevention and Control**

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

Colon Cancer Alliance

175 Ninth Avenue

New York, NY 10011

Toll-free Helpline: 1-877-422-2030

Web site: <http://www.ccalliance.org>

Fact Sheet 3: Depression

What Is Depression?

Depression is an illness that involves the body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. It is more than just being sad for a short time. Signs of anxiety, as well as possible signs of suicide, often can be seen with depression.

Depression is defined as losing the ability to work, study, sleep, eat, and enjoy activities you usually enjoy that lasts for more than 2 weeks. It may happen only once, but it usually happens several times in a lifetime.

People with a depressive illness cannot “pull themselves together” and get better without help. Without treatment, symptoms can last for weeks, months, or years. However, correct treatment can help most people who suffer from depression.

What Increases Your Risk of Depression?

- Family members with depression
- Low self-esteem or confidence in yourself
- Being female—women experience depression about twice as often as men

What Are Some Symptoms of Depression?

- A persistent sad, anxious, or “empty” mood
- Feelings of hopelessness or pessimism
- Feelings of guilt, worthlessness, or helplessness
- Loss of interest or pleasure in hobbies and activities that were once enjoyed, including sex
- Decreased energy, fatigue, or feeling “slowed down”
- Difficulty concentrating, remembering, or making decisions
- Difficulty sleeping, early-morning awakening, or oversleeping
- Appetite and/or weight loss or overeating and weight gain

Fact Sheet 3: Depression (continued)

- Thoughts of death or killing oneself; suicide attempts
- Restlessness or irritability
- Persistent physical symptoms that do not respond to treatment, such as headaches, digestive disorders, and chronic pain

Children, teens, and older adults may react differently to depression. In these groups, symptoms may take a different form or may be masked by other conditions.

What Can You Do If You Think You Are Depressed?

Healthy lifestyle habits can help prevent depression, or lessen the chances that it will happen again. These habits include

- Eating a healthy diet
- Getting enough sleep
- Exercising regularly
- Taking time to relax
- Not drinking alcohol or using recreational drugs
- Talking with others or getting counseling to help get you through difficult times
- Volunteering or getting involved in group activities if you feel isolated or lonely

Talk with your doctor if you feel you have symptoms of depression or would like to learn more.

Resources:

National Institute of Mental Health. (2000). *What is a depressive disorder?* (NIH Publication No. 00-3561). Retrieved from <http://www.nimh.nih.gov/publicat/depression.cfm#ptdep1>

National Library of Medicine. (2003). *Depression*. Retrieved from MedlinePlus® Medical Encyclopedia Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/003213.htm>

Fact Sheet 3: Depression (continued)

For more information:

**National Institute of Mental Health (NIMH)
Office of Communications
Information Resources and Inquiries Branch**

6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: 301-443-4513
Toll-free information line: 1-866-615-6464
TTY: 301-443-8431
Fax: 301-443-4279
E-mail: nimhinfo@nih.gov
Web site: <http://www.nimh.nih.gov>

National Mental Health Information Center

1-800-789-2647
www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, MD 20857
www.samhsa.gov

National Alliance for the Mentally Ill

Colonial Place Three
2107 Wilson Boulevard, Suite 300
Arlington, VA 22201
Telephone: 1-800-950-NAMI (1-800-950-6264) or 703-524-7600
Web site: <http://www.nami.org>

Depression and Bipolar Support Alliance

730 North Franklin Street, Suite 501
Chicago, IL 60610-7204
Telephone: 312-988-1150
Fax: 312-642-7243
Web site: <http://www.DBSSAlliance.org>

National Mental Health Association

2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
Telephone: 1-800-969-6942 or 703-684-7722
TTY: 1-800-443-5959
Web site: <http://www.nmha.org>

Fact Sheet 4: Diabetes

What Is Diabetes?

Diabetes is a disease in which the body does not produce or properly use the hormone insulin. Insulin is needed to convert sugar, starches, and other food into energy. The three major types of diabetes are Type 2, Type 1, and gestational:

Type 2 diabetes is the most common form. It occurs when your body does not make enough insulin and does not want to use the insulin it makes. It appears most often in middle-aged adults and is associated with being overweight or obese. However, more and more adolescents and young adults are developing Type 2 diabetes.

Type 1 diabetes usually occurs in children and young adults. It occurs when your body cannot produce insulin. You have to inject yourself with insulin every day to make sure you stay healthy. About 5 to 10 percent of Americans who are diagnosed with diabetes have Type 1 diabetes.

Gestational diabetes occurs during pregnancy and affects about 4 percent of all pregnant women. It usually goes away after a woman has her baby.

Diabetes increases your risk of stroke and heart disease, including heart attack.

What Increases Your Risk of Diabetes?

- Overweight and obesity
- Lack of exercise
- High cholesterol
- High blood pressure
- Family history of diabetes

What Are Some Symptoms of Diabetes?

- Increased thirst
- Frequent urination
- Flu-like symptoms
- Weight gain or loss
- Blurred vision

Fact Sheet 4: Diabetes (continued)

- Slow-healing sores or frequent infections
- Decreased feeling in hands and feet

What Can You Do to Reduce Your Chances of Getting Diabetes?

- Lose weight, if you are overweight or obese.
- Eat a healthy diet, low in cholesterol and saturated fat.
- Maintain a healthy weight.
- Exercise regularly and engage in physical activity.
- Don't smoke.

Talk with your doctor about your risk of diabetes, and ask what you can do to stay healthy.

Resources:

American Diabetes Association. *Basic diabetes information*.
Retrieved from <http://www.diabetes.org>

American Heart Association. (2002). *About diabetes*.
Retrieved from <http://www.s2mw.com/heartofdiabetes/diabetes.html>

Mayo Foundation for Medical Education and Research. (2003). *Diabetes*.
Retrieved from MayoClinic.com Web site: <http://www.mayoclinic.com/invoke.cfm?id=DS00329>

For more information:

American Diabetes Association

Attn.: National Call Center
1701 North Beauregard Street
Alexandria, VA 22311
Telephone: 1-800-DIABETES (1-800-342-2383)
Web site: www.diabetes.org

National Institute of Diabetes and Digestive and Kidney Diseases

National Diabetes Information Clearinghouse
<http://diabetes.niddk.nih.gov>

(continued)

Fact Sheet 4: Diabetes (continued)

For more information (continued):

National Institute of Diabetes and Digestive and Kidney Diseases

<http://www.niddk.nih.gov/>

American Heart Association

National Center

7272 Greenville Avenue

Dallas, TX 75231

Telephone: 1-800-AHA-USA-1 (1-800-242-8721) or check your telephone book for your local office

Web site: <http://www.americanheart.org/>

Fact Sheet 5: Healthy Body Weight

What Does It Mean to Have Healthy Body Weight?

Having a healthy body weight means that you have a normal amount of fat in your body based on your height. When you have higher amounts of body fat than recommended, you are considered overweight.

Healthy body weight is measured most often by body mass index (BMI). For information on how to calculate your BMI, see page 3-75.

Why Is It Important to Have a Healthy Body Weight?

Maintaining a healthy body weight is important to staying healthy. Maintaining a healthy weight can help you reduce your chances for such chronic diseases as

- Heart disease
- Type 2 diabetes
- High blood pressure
- Stroke
- Some forms of cancer

Most health professionals believe that the more overweight a person is, the more likely she is to develop health problems.

What Are Some Factors That Can Lead to Being Overweight?

- Eating too much
- Eating foods high in fat and calories
- Lack of exercise or physical activity
- Having family members with weight problems
- Eating when you're lonely, sad, bored, or stressed
- Eating because you feel pressured by friends or family to eat
- Using food for recreation, or eating just because food is available

Fact Sheet 5: Healthy Body Weight (continued)

- Taking medicine that makes you feel hungry
- Having hormone problems that slow your metabolism (how fast your body burns calories)

What Can You Do to Maintain a Healthy Weight?

Maintaining a healthy weight involves healthy eating and making sure you engage in physical activity. Remember to

- Choose a variety of healthy foods in the correct portion sizes; see Section 3.5.3 for information about good nutrition.
- Engage in such physical activity as
 - Household chores
 - Yard work
 - Sports: playing tennis, basketball, or soccer/football
 - Aerobic exercise: walking, swimming, jogging, or exercise classes
 - Brisk walking or dancing
 - Light weight training to add strength to your muscles

Talk with your doctor about your weight to see whether you are at increased risk of disease, and ask what you can do to stay healthy.

Resources:

American Academy of Family Physicians. (2003). *Weight control: The power of healthy choices*. Retrieved from the American Academy of Family Physicians Web site: <http://familydoctor.org/197.xml>

National Institute of Diabetes & Digestive & Kidney Diseases (NIDDK) Weight-Control Information Network. (2001). *Understanding adult obesity* (NIH Publication No. 01-3680). Retrieved from the National Institute of Diabetes and Digestive and Kidney Diseases Web site: <http://www.niddk.nih.gov/health/nutrit/pubs/unders.htm>

Fact Sheet 5: Healthy Body Weight (continued)

For more information:

**Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Division of Nutrition and Physical Activity**

4770 Buford Highway, NE, MS/K-24

Atlanta, GA 30341-3717

Telephone: 770-488-5820

Fax: 770-488-5473

Web site: <http://www.cdc.gov/nccdphp/dnpa/>

**U.S. Department of Agriculture
U.S. Department of Health and Human Services**

Dietary Guidelines for Americans

Telephone: 1-888-878-3256

Web site: <http://www.usda.gov/cnpp> or <http://www.health.gov/dietaryguidelines>

Weight-Control Information Network

1 Win Way

Bethesda, MD 20892-3665

Telephone: 202-828-1025

Toll-free information line: 1-877-946-4627

Fax: 202-828-1028

E-mail: win@info.niddk.nih.gov

Web site: www.niddk.nih.gov/health/nutrit/nutrit.htm

How to Calculate Your Body Mass Index (BMI)

What Is BMI?

BMI stands for Body Mass Index. It is a number that shows body weight adjusted for height. BMI can be calculated with simple math using inches and pounds, or meters and kilograms. For adults aged 20 years or older, BMI falls into one of these categories: underweight, normal, overweight, or obese.

BMI	Weight Status
Below 18.5	Underweight
18.5 to 24.9	Normal
25.0 to 29.9	Overweight
30.0 and above	Obese

BMI can be calculated using pounds and inches with this equation:

$$\text{BMI} = \left(\frac{\text{Weight in pounds}}{(\text{Height in inches}) \times (\text{Height in inches})} \right) \times 703$$

For example, a person who weighs 220 pounds and is 6 feet 3 inches tall has a BMI of 27.5.

$$\text{BMI} = \left(\frac{220 \text{ pounds}}{(75 \text{ inches}) \times (75 \text{ inches})} \right) \times 703 = 27.5$$

Metric Formula

BMI can also be calculated using kilograms and meters (or centimeters):

$$\text{BMI} = \frac{\text{Weight in kilograms}}{(\text{Height in meters}) \times (\text{Height in meters})}$$

or

$$\text{BMI} = \left(\frac{\text{Weight in kilograms}}{(\text{Height in centimeters}) \times (\text{Height in centimeters})} \right) \times 10,000$$

How to Calculate Your Body Mass Index (BMI) (continued)

For example, a person who weighs 99.79 kilograms and is 1.905 meters (190.50 centimeters) tall has a BMI of 27.5.

$$\frac{99.79 \text{ Kg}}{(1.905 \text{ m}) \times (1.905 \text{ m})} = 27.5$$

Resource:

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. (2003). *BMI: Body mass index*. Retrieved from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/nccdphp/dnpa/bmi/index.htm>

Fact Sheet 6: Heart Disease (Coronary Heart Disease or Coronary Artery Disease)

What Is Heart Disease?

Heart disease is a disorder of the blood vessels of the heart that can lead to a heart attack. It is the leading cause of death in the United States in both men and women.

Heart disease occurs when the arteries in the heart (the “coronary” arteries) become narrowed or clogged by cholesterol and fat deposits and cannot supply enough blood to the heart. The clogged arteries decrease the oxygen supply to the heart, which is a muscle. Like any muscle, the heart needs a constant supply of oxygen and nutrients, which are carried to it by the blood in the coronary arteries.

Over time, heart disease can weaken the heart muscle and can lead to the following problems:

Heart failure. The heart is not able to pump enough blood to the rest of the body to meet the body’s need for oxygen and nutrients.

Arrhythmias. These are changes in the normal rhythm of heartbeats.

Heart attack. The blood supply to the heart muscle is reduced suddenly because one or more coronary arteries become blocked.

What Increases Your Risk of Heart Disease?

- Age (45 years or older for men; 55 years or older for women)
- Family history of early heart disease (father or brother affected before age 55; mother or sister affected before age 65)
 - High cholesterol
 - Smoking
 - High blood pressure
 - Diabetes
 - Obesity or being overweight
 - Lack of physical activity

Fact Sheet 6: Heart Disease (continued)

What Are the Symptoms of Heart Disease?

The most common symptoms of heart disease are

- Chest pain or chest discomfort
- Pain in one or both arms, the left shoulder, neck, jaw, or back
- Shortness of breath

In some people, the first sign of heart disease is a heart attack.

What Can You Do to Reduce Your Risk of Heart Disease?

- Eat a healthy diet to prevent or reduce high blood pressure and high blood cholesterol.
- Maintain a healthy weight.
- Quit smoking.
- Exercise regularly.
- Lose weight if you are overweight or obese.
- Reduce stress and find healthy ways to relieve stress.

Talk with your doctor about your risk of heart disease and what you can do to stay healthy. If you experience any symptoms of heart disease, dial 9-1-1 and contact your doctor right away.

Fact Sheet 6: Heart Disease (continued)

Resource:

National Heart, Lung, and Blood Institute. *What is coronary artery disease?*
Retrieved from National Heart, Lung, and Blood Institute Disease and Conditions Index:
http://www.nhlbi.nih.gov/health/dci/Diseases/Cad/CAD_WhatIs.html

For more information:

American Heart Association

National Center

7272 Greenville Avenue

Dallas, TX 75231

Telephone: 1-800-AHA-USA-1 (1-800-242-8721) or check your telephone book for your local office

Web site: <http://www.americanheart.org/>

National Heart, Lung, and Blood Institute

Information Center

P.O. Box 30105

Bethesda, MD 20824-0105

Telephone: 301-592-8573

TTY: 240-629-3255

Fax: 240-629-3246

Web site: <http://www.nhlbi.nih.gov/>

Fact Sheet 7: High Blood Pressure (Hypertension)

What Is High Blood Pressure?

Blood pressure is a measurement of the force pushing against the walls of your arteries as the heart pumps blood through your body. Your blood pressure changes a lot during the day. It goes up when you move and down when you rest.

High blood pressure is a blood pressure reading of 140/90 mmHg or higher. It most often is discovered during a visit with your doctor or a nurse.

High blood pressure affects about one in every four American adults. High blood pressure can occur in children or adults, but it's more common in people over age 35.

High blood pressure can increase your risk of heart attack, stroke, heart failure, and kidney failure.

What Increases Your Risk of High Blood Pressure?

- Older age
- Family history of high blood pressure
- Obesity or being overweight
- Lack of exercise
- Smoking
- Eating a lot of salt (for some people)
- Not getting enough potassium (found in citrus fruits, apples, bananas, apricots, cantaloupe, potatoes, tomatoes, spinach, mushrooms, beans, and peas)
- Heavy alcohol drinking
- Stress
- Diabetes, gout, or kidney disease

What Are the Symptoms of High Blood Pressure?

High blood pressure often is called the **silent killer**, because it usually has no symptoms. You can have it for years without knowing it.

Fact Sheet 7: High Blood Pressure (continued)

What Can You Do to Control Your Blood Pressure?

- Maintain a healthy weight.
- Exercise.
- Quit smoking.
- Eat a healthy diet with a lot of grains, fruits, vegetables, and low-fat dairy foods.
- Limit salt intake.
- Limit alcohol and caffeine.
- Reduce stress.
- Get plenty of sleep.
- Have your blood pressure checked at least every 2 years.

Talk with your doctor about your risk of high blood pressure and about what you can do to stay healthy.

Resources:

American Heart Association. (2004). *What is high blood pressure?*
Retrieved from <http://www.americanheart.org/presenter.jhtml?identifier=2112>

Mayo Foundation for Medical Education and Research. (2004). *High blood pressure.*
Retrieved from the MayoClinic.com Web site: <http://www.mayoclinic.com/invoke.cfm?id=DS00100>

National Heart, Lung, and Blood Institute. *What is high blood pressure?*
Retrieved from the National Heart, Lung, and Blood Institute Disease and Conditions Index:
http://www.nhlbi.nih.gov/health/dci/Diseases/Hbp/HBP_WhatIs.html

For more information:

American Heart Association National Center

7272 Greenville Avenue
Dallas, TX 75231

Telephone: 1-800-AHA-USA-1 (1-800-242-8721) or check your telephone book
for your local office

Web site: <http://www.americanheart.org/>

(continued)

Fact Sheet 7: High Blood Pressure (continued)

For more information (continued):

**National Heart, Lung, and Blood Institute
Information Center**

P.O. Box 30105

Bethesda, MD 20824-0105

Telephone: 301-592-8573

TTY: 240-629-3255

Fax: 240-629-3246

Web site: <http://www.nhlbi.nih.gov/>

Fact Sheet 8: Lung Cancer

What Is Lung Cancer?

Lung cancer is a disease in which cells become abnormal, grow fast, and form tumors in the tissues of the lung. It is the leading cause of cancer death in the United States and the second most common nonskin cancer in the United States.

The two types of lung cancer are small cell lung cancer and non-small cell lung cancer. Non-small cell lung cancer is more common than small cell lung cancer, and it often grows and spreads more slowly. Small cell lung cancer grows more quickly and is more likely to spread to other organs in the body.

What Increases Your Risk of Lung Cancer?

- Smoking cigarettes, cigars, or pipes, now or in the past
- Exposure to secondhand smoke
- Exposure to asbestos or radon
- History of previous lung cancer
- Certain lung diseases, such as tuberculosis

What Are Some Symptoms of Lung Cancer?

- A cough that doesn't go away and gets worse over time
- Constant chest pain
- Coughing up blood
- Shortness of breath, wheezing, or hoarseness
- Repeated problems with pneumonia or bronchitis
- Swelling of the neck and face
- Loss of appetite or weight loss
- Fatigue

Fact Sheet 8: Lung Cancer (continued)

What Can You Do to Lower Your Risk of Lung Cancer?

- Quit smoking.
- Reduce exposure to secondhand smoke.
- Reduce exposure to asbestos and radon.

Talk with your doctor about your risk for lung cancer, and ask what you can do to stay healthy.

Fact Sheet 8: Lung Cancer (continued)

Resource:

National Cancer Institute. (1999). *What you need to know about™ lung cancer* (NIH Publication No. 99-1553).
Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/lung>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

**National Cancer Institute
NCI Public Inquiries Office**

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)
TTY (for callers deaf and hard of hearing): 1-800-322-8615

**Centers for Disease Control and Prevention
Division of Cancer Prevention and Control**

4770 Buford Highway, NE
MS K64
Atlanta, GA 30341
Toll-free information line: 1-888-842-6355
Fax: 770-488-4760
E-mail: cancerinfo@cdc.gov
Web site: <http://www.cdc.gov/cancer/index.htm>

American Lung Association

61 Broadway, 6th Floor
New York, NY 10006
Telephone: 212-315-8700
Toll-free information line: 1-800-LUNG-USA (1-800-586-4872) or check your telephone book for your local chapter
Web site: <http://www.lungsusa.org>

Fact Sheet 9: Prostate Cancer

What Is Prostate Cancer?

Prostate cancer is a disease in which cells become abnormal, grow fast, and form tumors in the prostate. The prostate is a gland in men located in the pelvis just below the urinary bladder and in front of the rectum.

Prostate cancer is the most common nonskin cancer among men in the United States. However, most men diagnosed with prostate cancer do not die from it.

What Increases the Risk of Prostate Cancer?

- Being 50 years of age or older
- Black (African American) race
- Having a brother, son, or father who had prostate cancer
- Eating a high-fat diet or drinking alcoholic beverages

What Are Some Symptoms of Prostate Cancer?

Early prostate cancer often does not cause symptoms. But prostate cancer can cause

- A need to urinate frequently, especially at night
- Difficulty starting to urinate or holding back urine
- Inability to urinate
- Weak or interrupted flow of urine
- Painful or burning urination
- Painful ejaculation
- Blood in urine or semen
- Frequent pain or stiffness in the lower back, hips, or upper thighs

Fact Sheet 9: Prostate Cancer (continued)

What Can You Do to Lower Your Risk of Prostate Cancer and to Detect It Early?

- Visit your doctor for a routine physical examination.
- Eat a healthy diet.
- Limit your drinking of alcoholic beverages.

If you are a man age 40 or older, talk with your doctor about whether screening for prostate cancer is a good idea for you.

Also talk with your doctor about your risk for prostate cancer, and ask what you can do to stay healthy.

Resource:

National Cancer Institute. (2000). *What you need to know about™ prostate cancer* (NIH Publication No. 00-1576).
Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/prostate>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

**National Cancer Institute
NCI Public Inquiries Office**

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)
TTY (for callers deaf and hard of hearing): 1-800-322-8615

(continued)

Fact Sheet 9: Prostate Cancer (continued)

For more information (continued):

**Centers for Disease Control and Prevention
Division of Cancer Prevention and Control**

4770 Buford Highway, NE
MS K64
Atlanta, GA 30341
Toll-free information line: 1-888-842-6355
Fax: 770-488-4760
E-mail: cancerinfo@cdc.gov
Web site: <http://www.cdc.gov/cancer/index.htm>

National Institute on Aging

31 Center Drive, MSC 2292
Building 31, Room 5C27
Bethesda, MD 20892
Telephone: 301-496-1752
Web site: <http://www.nia.nih.gov/health>

National Kidney and Urologic Diseases Information Clearinghouse

3 Information Way
Bethesda, MD 20892-3580
Telephone: 1-800-891-5390
Web site: <http://kidney.niddk.nih.gov/>

Fact Sheet 10: Skin Cancer

What Is Skin Cancer?

Skin cancer is the most common form of cancer in the United States. Each year, about 1 million people in the United States are diagnosed with skin cancer.

The three main types of skin cancer are basal cell carcinoma, squamous cell carcinoma, and melanoma:

Basal cell carcinoma is the most common skin cancer. About 90 percent of people diagnosed with skin cancer have basal cell carcinoma. It is a highly treatable, slow-growing cancer that seldom spreads to other parts of the body.

Squamous cell carcinoma also spreads rarely, but it spreads more often than basal cell carcinoma. It is also highly treatable.

Melanoma is the rarest but most serious form of skin cancer.

Both basal and squamous cell cancers are found mainly on areas of the skin that are exposed to the sun—the head, face, neck, hands, and arms. However, skin cancer can occur anywhere.

What Increases Your Risk of Skin Cancer?

- Being exposed to the sun, X-rays, or ultraviolet light for long periods of time
- Having fair skin that freckles easily—often those with red or blond hair and blue or light-colored eyes
- Being older than age 20
- Having certain types of moles on the skin
- Having a prior history of skin cancer

What Are Some Symptoms of Skin Cancer?

- Changes in your skin, especially a new growth or a sore that doesn't heal.
- Changes in the size, shape, color, or feel of moles. These changes can include the following:
 - Asymmetry—the shape of one half of the mole does not match the other
 - Ragged or irregular edges around the mole

Fact Sheet 10: Skin Cancer (continued)

- Multiple colors in a single mole
- Increased size

Visit your health care provider or a dermatologist (a doctor who specializes in skin disorders) if you notice any changes in your skin.

What Can You Do to Lower Your Risk of Skin Cancer?

- Limit the amount of time you spend in the sun, particularly during midday hours (10 a.m. to 3 p.m.).
- Put sunscreen with SPF-15 or greater on your skin daily.
- Avoid tanning beds and tanning salons.
- Wear such protective clothing as hats and long sleeves, when you are out in the sun.
- Regularly and carefully look for changes in your skin.

Talk with your doctor about your risk of skin cancer, and ask what you can do to stay healthy.

Resource:

National Cancer Institute. (1998). *What you need to know about™ skin cancer* (NIH Publication No. 95-1564). Retrieved from <http://www.nci.nih.gov/cancerinfo/wyntk/skin>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345) or check your telephone book for your local chapter
<http://www.cancer.org>

National Cancer Institute

NCI Public Inquiries Office

6116 Executive Boulevard
Suite 3036A, MSC 8322
Bethesda, MD 20892-8322
<http://cancer.gov>

(continued)

Fact Sheet 10: Skin Cancer (continued)

For more information (continued):

Cancer Information Service

Telephone: 1-800-4-CANCER (1-800-422-6237)

TTY (for callers deaf and hard of hearing): 1-800-322-8615

Centers for Disease Control and Prevention

Division of Cancer Prevention and Control

4770 Buford Highway, NE

MS K64

Atlanta, GA 30341

Toll-free information line: 1-888-842-6355

Fax: 770-488-4760

E-mail: cancerinfo@cdc.gov

Web site: <http://www.cdc.gov/cancer/index.htm>

American Academy of Dermatology

P.O. Box 4014

Schaumburg, IL 60168-4014

Telephone: 847-330-0230

Fax: 847-330-0050

Web site: <http://www.aad.org>

3.5.2 Communicable Diseases

The next set of fact sheets provides information about the following communicable diseases:

- Hepatitis B
- HIV/AIDS
- Sexually transmitted diseases
- Tuberculosis (TB)

Fact Sheet 1: Hepatitis B

What Is Hepatitis B?

Hepatitis B is a liver disease that makes your liver swell and stops it from working properly. It is caused by a virus. Hepatitis B is spread through contact with an infected person's blood, semen, or other body fluid.

What Increases Your Risk of Hepatitis B?

- Having sex with an infected person without using a condom
- Sharing drug needles
- Having a tattoo or body piercing done with dirty tools that were used on someone else
- Getting pricked with a needle that has infected blood on it (health care workers can get hepatitis B this way)
- Living with someone who has hepatitis B
- Sharing a toothbrush or razor with an infected person
- Traveling to countries where hepatitis B is common

An infected woman can give hepatitis B to her baby at birth or through her breast milk.

What Are Some Symptoms of Hepatitis B?

- Feeling tired
- Nausea or feeling sick to your stomach
- Fever
- Lack of appetite (you do not want to eat)
- Stomach pain
- Diarrhea
- Dark yellow urine
- Light-colored stools
- Yellowish eyes and skin

Fact Sheet 1: Hepatitis B (continued)

Some people do not have any symptoms.

What Can You Do to Prevent Hepatitis B?

- Get the hepatitis B vaccine.
- Use a condom when you have sex.
- Do not share drug needles with anyone.
- Wear gloves if you have to touch anyone's blood.
- Do not share toothbrushes, razors, or anything else that could have blood on it.
- Make sure any tattooing or body piercing is done with clean (sterile) tools.

Talk with your doctor about your risk of hepatitis B, and ask what you can do to stay healthy.

Resource:

National Institute of Diabetes and Digestive and Kidney Diseases. (2003). *What I need to know about hepatitis B* (NIH Publication No. 04-4228).

Retrieved from the National Digestive Diseases Information Clearinghouse Web site:

http://digestive.niddk.nih.gov/ddiseases/pubs/hepb_ez/index.htm#1

For more information:

National Digestive Diseases Information Clearinghouse

2 Information Way

Bethesda, MD 20892-3570

<http://digestive.niddk.nih.gov>

Centers for Disease Control and Prevention

National Center for HIV, STD, and TB Prevention

Division of Sexually Transmitted Diseases

<http://www.cdc.gov/std>

(continued)

Fact Sheet 1: Hepatitis B (continued)

For more information (continued):

American Liver Foundation (ALF)

75 Maiden Lane, Suite 603

New York, NY 10038-4810

24-hour Helpline (7 days per week): 1-800-465-4837 or 1-888-443-7222

Telephone: 1-800-676-9340 or 212-668-1000

Fax: 212-483-8179

E-mail: info@liverfoundation.org

Web site: <http://www.liverfoundation.org>

Hepatitis B Foundation

700 East Butler Avenue

Doylestown, PA 18901-2697

Telephone: 215-489-4900

Fax: 215-489-4920

E-mail: info@hepb.org

Web site: <http://www.hepb.org>

Hepatitis Foundation International

504 Blick Drive

Silver Spring, MD 20904-2901

Telephone: 1-800-891-0707 or 301-622-4200

Fax: 301-622-4702

E-mail: hfi@comcast.net

Web site: <http://www.hepfi.org>

Fact Sheet 2: HIV/AIDS

What Is HIV/AIDS?

AIDS stands for Acquired Immunodeficiency Syndrome. AIDS is caused by infection with a virus called **human immunodeficiency virus (HIV)**. AIDS is the later stage of HIV infection. But both terms, “HIV” and “AIDS,” refer to the same disease.

HIV is most commonly spread by sexual contact with an infected partner. It can also spread through infected blood and shared needles or syringes contaminated with the virus. Untreated women with HIV also can pass the infection to their babies during pregnancy or delivery, or through their breast milk.

People with HIV have what is called **HIV infection**. Some of these people will develop AIDS as a result of their HIV infection.

What Increases Your Risk of HIV and AIDS?

Anyone, of any age, race, sex, or sexual orientation, can be infected, but you’re at greatest risk of HIV/AIDS if you

- Have unprotected sex with multiple partners. Unprotected sex means having sex without using a condom every time.
- Have unprotected sex with someone who is HIV positive.
- Have another sexually transmitted disease (STD), such as syphilis, herpes, chlamydia, gonorrhea, or bacterial vaginosis.
- Share needles during intravenous drug use.
- Have hemophilia and received blood products between 1977 and April 1985—the date standard testing for HIV began.
- Received a blood transfusion or blood products before 1985.

Newborns or nursing infants whose mothers have tested positive for HIV also are at high risk.

Nearly a third of the people living with HIV don’t know they are infected. Because they don’t know it, they are more likely to spread the disease.

Fact Sheet 2: HIV/AIDS (continued)

What Are Some Symptoms of HIV and AIDS?

The symptoms of HIV and AIDS vary, depending on the phase of infection. These can include

- Swollen lymph nodes (swollen “glands”), often one of the first signs of HIV infection
- Diarrhea
- Weight loss
- Fever
- Cough and shortness of breath
- Soaking night sweats
- White spots or unusual sores on your tongue or in your mouth
- Blurred and distorted vision

What Can You Do to Reduce Your Chances of Getting HIV and AIDS?

The best way to prevent HIV and AIDS is to not have sex.

If you do have sex, you should

- Know the HIV status of any sexual partner. Don’t have unprotected sex unless you’re absolutely certain your partner isn’t infected with HIV.
- Use a new condom every time you have sex.

You should also

- Get tested for HIV.
- Educate yourself and others to understand what HIV is and how the virus is transmitted.

Fact Sheet 2: HIV/AIDS (continued)

- Use a clean (sterile) needle if you use a needle to inject drugs.
- Get regular screening tests. If you're a woman, have a yearly Pap test. Men and women who engage in anal sex should also have regular tests for anal cancer.

Talk with your doctor about your risk of HIV and AIDS, and ask what you can do to stay healthy.

Resources:

Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/AIDS Prevention. (2003). *Frequently asked questions (FAQs) on HIV and AIDS*. Retrieved from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/hiv/pubs/faqs.htm>

Mayo Foundation for Medical Education and Research. (2003). *HIV/AIDS*. Retrieved from MayoClinic.com Web site: <http://www.mayoclinic.com/invoke.cfm?id=DS00005>

For more information:

**Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Divisions of HIV/AIDS Prevention**
<http://www.cdc.gov/hiv>

CDC National STD and AIDS Hotline
Telephone: 1-800-342-AIDS (1-800-342-2437) or 1-800-227-8922
Spanish: 1-800-344-SIDA (1-800-344-7432)
TTY (for callers deaf and hard of hearing): 1-800-AIDS-TTY (1-800-243-7889)

CDC National Prevention Information Network
P.O. Box 6003
Rockville, MD 20849-6003
Telephone: 1-800-458-5231
Web site: <http://www.cdcnpin.org>

National Institute of Allergy and Infectious Diseases
<http://www.niaid.nih.gov/publications/aids.htm>

Fact Sheet 3: Sexually Transmitted Diseases

What Are Sexually Transmitted Diseases?

Sexually transmitted diseases (STDs) are infections you can get by having sex with someone who has an infection. These infections usually are passed by having intercourse, but they can also be passed through other types of sex. STDs can be caused by viruses or bacteria.

STDs caused by viruses include

- AIDS (HIV infection)
- Hepatitis B
- Herpes
- Human papilloma virus (HPV) infection

STDs caused by bacteria include

- Chlamydia
- Gonorrhea
- Syphilis

STDs are most common among teenagers and young adults. Nearly two-thirds of all STDs occur in people younger than 25 years of age.

What Increases Your Risk of STDs?

If you've ever had sex, you may be at risk of having an STD. Your risk is higher if you have had

- Many sexual partners
- Sex without using condoms

What Are Some Symptoms of STDs?

- Itching around the vagina or discharge from the vagina for women
- Discharge from the penis for men
- Pain during sex, when urinating, or in the pelvic area

Fact Sheet 3: Sexually Transmitted Diseases (continued)

- Sore throats in people who have oral sex
- Pain in the anus for people who have received anal sex
- Chancre sores (painless red sores) on the genital area, anus, tongue, or throat (syphilis)
- A scaly rash on the palms of your hands and the soles of your feet (syphilis)
- Dark urine; loose, light-colored stools; and yellow eyes and skin (hepatitis B)
- Small blisters that turn into scabs on the genital area (herpes)
- Swollen glands, fever, and body aches
- Unusual infections, unexplained fatigue, night sweats, and weight loss
- Soft, flesh-colored warts around the genital area (HPV)

However, many times STDs cause no symptoms, particularly in women.

What Can You Do to Reduce Your Chances of Getting an STD?

The best way to prevent STDs is to not have sex.

If you have sex, you should

- Have sex only with someone who is not having sex with anyone else and who doesn't have an STD.
- Always use condoms.
- Look for signs of an STD in your sex partner.
- Wash your genitals with soap and water and urinate soon after you have sex. These steps may help clean away some germs before they have a chance to infect you.
- Avoid having sex during a woman's period.
- Avoid anal intercourse, but if practiced, use a condom.

Fact Sheet 3: Sexually Transmitted Diseases (continued)

- Avoid douching.
- Have regular checkups for STDs, especially if having sex with someone new.

Talk with your doctor about your risk of STDs, and ask what you can do to stay healthy.

Resources:

American Academy of Family Physicians. (2004). *STDs: Common symptoms & tips on prevention*.

Retrieved from <http://www.familydoctor.org/x5170.xml>

National Institute of Allergy and Infectious Diseases. (1999). *An introduction to sexually transmitted diseases*.

Retrieved from <http://www.niaid.nih.gov/factsheets/stdinfo.htm>

For more information:

**Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of Sexually Transmitted Diseases**

<http://www.cdc.gov/std>

CDC National STD and AIDS Hotline

Telephone: 1-800-342-AIDS (1-800-342-2437) or 1-800-227-8922

Spanish: 1-800-344-SIDA (1-800-344-7432)

TTY (for callers deaf and hard of hearing): 1-800-AIDS-TTY (1-800-243-7889)

CDC National Prevention Information Network

P.O. Box 6003

Rockville, MD 20849-6003

Telephone: 1-800-458-5231

Web site: <http://www.cdcnpin.org>

American Social Health Association

P.O. Box 13827

Research Triangle Park, NC 27709

<http://www.ashastd.org>

National Institute of Allergy and Infectious Diseases

<http://www.niaid.nih.gov/publications/stds.htm>

Fact Sheet 4: Tuberculosis (TB)

What Is TB?

TB, or tuberculosis, is a disease caused by bacteria called *Mycobacterium tuberculosis*. The bacteria can attack any part of your body, but they usually attack the lungs.

TB is spread through the air from one person to another. The bacteria are put into the air when a person with TB disease of the lungs or throat coughs or sneezes. People nearby may breathe in these bacteria and become infected.

In most people who breathe in TB bacteria and become infected, the body is able to fight the bacteria to stop them from growing. The bacteria become inactive, but they remain alive in the body and can become active later. This condition is called **latent TB infection**.

Each year, 8 million people worldwide develop active TB, and 3 million die.

What Increases Your Risk of TB?

- Being exposed to someone with active TB disease
- Getting a positive tuberculin skin test result
- Having HIV/AIDS or an autoimmune disease
- Living in a country where many TB cases occur, such as some countries in Africa, Asia, and Latin America
- Living in a crowded setting, such as a shelter, prison, or nursing home, or in a crowded house
- Working in a health care setting or in a crowded setting, such as a prison
- Not taking antibiotics against TB if you have latent TB infection

What Are Some Symptoms of TB?

Symptoms of TB depend on where in the body the TB bacteria are growing. TB bacteria usually grow in the lungs. TB in the lungs may cause

- A bad cough that lasts longer than 2 weeks
- Pain in the chest
- Coughing up blood or sputum (mucus from deep inside the lungs)

Fact Sheet 4: Tuberculosis (TB) (continued)

Other symptoms of TB disease are

- Weakness or fatigue
- Weight loss
- Lack of appetite
- Chills
- Fever
- Sweating at night
- Positive TB skin test
- Abnormal chest X-ray, positive sputum test, or both

People with latent TB infection have no symptoms and do not feel sick. However, they can develop TB disease later in life if they do not receive treatment for the infection.

What Can You Do to Lower Your Chances of Getting TB?

TB is a largely preventable disease. In the United States, doctors try to identify persons infected with *M. tuberculosis* as early as possible, before they develop active TB. They will give a drug called **isoniazid (INH)** to prevent the active disease. This drug is given every day for 6 to 12 months. A nurse may watch the patients take their medicine to make sure all pills are taken.

Talk with your doctor about your risk of TB, and ask what you can do to stay healthy.

Resource:

Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Division of Tuberculosis Elimination. *Questions and answers about TB.*

Retrieved from the Centers for Disease Control and Disease Prevention Web site:

http://www.cdc.gov/nchstp/tb/faqs/qa_introduction.htm#Intro1

Fact Sheet 4: Tuberculosis (TB) (continued)

For more information:

**Centers for Disease Control and Prevention
National Center for HIV, STD, and TB Prevention
Division of Tuberculosis Elimination**

Telephone: 404-639-8140

CDC Voice and Fax Information System: 1-888-232-3228

Web site: <http://www.cdc.gov/nchstp/tb>

Your State Health Department Tuberculosis Control Program

To find the TB Control program in your area, visit:

<http://www.cdc.gov/nchstp/tb/pubs/tboffices.htm>

TB Education and Training Resources Web site

<http://www.findtbresources.org>

American Lung Association

61 Broadway, 6th Floor

New York, NY 10006

Telephone: 212-315-8700

Toll-free information line: 1-800-LUNG-USA (1-800-586-4872) or check your telephone book for your local chapter

Web site: <http://www.lungsusa.org>

3.5.3 Behavioral Health Concerns

This set of fact sheets provides information about the following:

- Alcoholic beverages
- Nutrition
- Oral health
- Physical activity
- Post-traumatic stress disorder
- Spirituality and health
- Stress and coping
- Substance abuse
- Suicide prevention
- Tobacco use

Fact Sheet 1: Alcoholic Beverages

Drinking alcoholic beverages can both prevent and lead to health problems, depending on how much you drink.

What Is a Drink?

A standard drink is

- One 12-ounce bottle of beer² or wine cooler
- One 5-ounce glass of wine
- 1.5 ounces of 80-proof distilled spirits (e.g., whisky, rum, or vodka)

What Are Some Good Effects of Drinking Alcohol?

Studies show that drinking small amounts of alcohol—one drink a day for women and two drinks a day for men—can help lower your risk for

- Heart attack
- Heart disease
- Stroke
- Blocked arteries in your legs

What Are Some Bad Effects of Drinking Alcohol?

Because alcohol affects nearly every organ in the body, long-term heavy drinking increases the risk of many serious health problems. Even in small amounts, alcohol can have bad effects on your health. It can

- Slow your brain activity, affecting your alertness, coordination, and reaction time.
- Interfere with your sleep and sexual function.
- Cause headaches.
- Raise your blood pressure.
- Contribute to heartburn.

² Different beers have different alcoholic content. Malt liquor has more alcohol than most other brewed drinks.

Fact Sheet 1: Alcoholic Beverages (continued)

Heavy or binge drinking increases your risk of accidents and falls. Over time, heavy drinking raises your risk of

- Liver, kidney, lung, and heart disease
- Stroke
- Cancer
- Osteoporosis (loss of calcium from the bones, which weakens them)
- High blood pressure
- Obesity

How Do You Know Whether You Have a Drinking Problem?

Men who consume 15 or more drinks a week, women who consume 12 or more drinks a week, or anyone who consumes 5 or more drinks per occasion at least once a week is at risk of developing alcoholism.

Some signs that you may have a drinking problem include the following:

- You feel that you should cut down on your drinking.
- You drive when drinking or after you have had one or more drinks.
- Someone in your family is concerned about your drinking.
- You have had blackouts after drinking.
- You have missed work or lost a job because of drinking.
- You have to drink more than you did before to achieve intoxication or the desired effect.

Fact Sheet 1: Alcoholic Beverages (continued)

What Should You Do If You Have a Drinking Problem?

If you or someone close to you has a drinking problem, many ways exist to get help. The type of treatment depends on how severe the drinking problem is. Treatment may include

- Medication
- Support group programs, such as Alcoholics Anonymous, Al-Anon, or Alateen
- Treatment in a hospital

Talk with your doctor to learn more about what you can do if you or someone close to you has a drinking problem.

Resources:

Mayo Foundation for Medical Education and Research. (2002). *Alcohol and your health: Weighing the pros and cons.*

Retrieved from the MayoClinic.com Web site: <http://www.mayoclinic.com/invoke.cfm?objectid=1DAD3B4B-8B1C-4D0C-A40BEC54E580B94A>

National Library of Medicine. (2004). *Alcoholism.*

Retrieved from the MedlinePlus Medical Encyclopedia Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/000944.htm#Definition>

For more information:

National Institute on Alcohol Abuse and Alcoholism

6000 Executive Boulevard, Suite 409
Bethesda, MD 20892-7003
Telephone: 301-443-3860
<http://www.niaaa.nih.gov>

National Mental Health Information Center

1-800-789-2647
www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road
Rockville, MD 20857
www.samhsa.gov

(continued)

Fact Sheet 1: Alcoholic Beverages (continued)

For more information (continued):

National Institute on Drug Abuse

6001 Executive Boulevard, Room 5213

Bethesda, MD 20892-9561

Telephone: 301-443-1124

Web site: <http://www.nida.nih.gov>

National Clearinghouse for Alcohol and Drug Information

1-800-788-2800

<http://www.health.org>

Alcoholics Anonymous

<http://www.aa.org> or check your telephone book for a local chapter

Al-Anon/Alateen

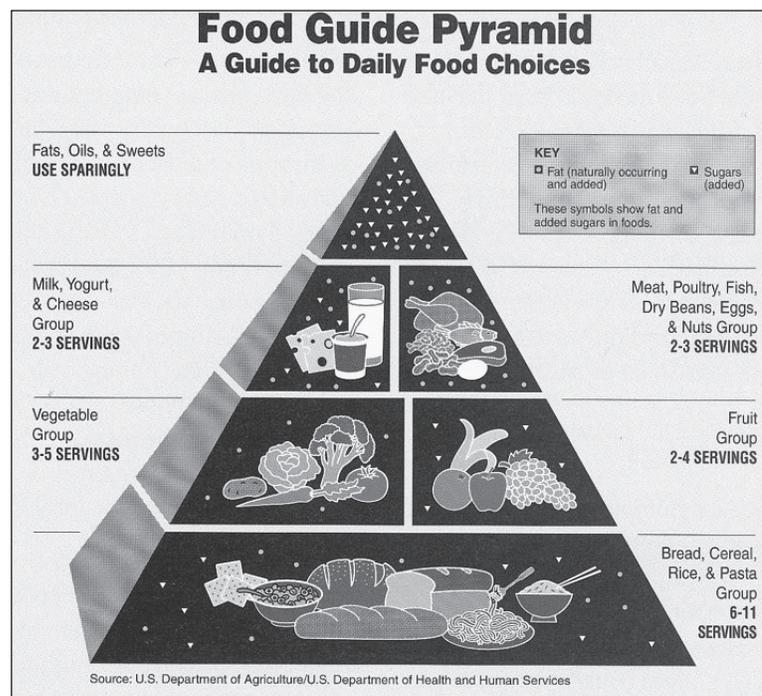
<http://www.al-anon.org>

Fact Sheet 2: Nutrition

Good nutrition is one of the keys to good health. You should be sure to eat a variety of foods, including plenty of vegetables, fruits, and whole grain products. Include low-fat dairy products, lean meats, poultry, fish, and legumes (e.g., beans and peas). Drink lots of water, and go easy on the salt, sugar, alcohol, and saturated fat.

Good nutrition should be part of an overall healthy lifestyle that also includes regular physical activity, not smoking, and stress management. If you drink alcoholic beverages, you should do so in moderation.

To make sure you get all the nutrients and other substances you need for health, build a healthy base by using the Food Guide Pyramid as a starting point.



What Counts as a Serving?

Bread, Cereal, Rice, and Pasta Group (Grains Group)—whole grain and refined

- 1 slice of bread
- About 1 cup of ready-to-eat cereal
- 1/2 cup of cooked cereal, rice, or pasta

Vegetable Group

- 1 cup of raw leafy vegetables
- 1/2 cup of other vegetables, cooked or raw
- 3/4 cup of vegetable juice

Fact Sheet 2: Nutrition (continued)

What Counts as a Serving? (continued)

Fruit Group 1 medium apple, banana, orange, or pear 1/2 cup of chopped, cooked, or canned fruit 3/4 cup of fruit juice
Milk, Yogurt, and Cheese Group (Milk Group)^a 1 cup of milk ^b or yogurt ^b 1 1/2 ounces of natural cheese ^b (such as Cheddar) 2 ounces of processed cheese ^b (such as American)
Meat, Poultry, Fish, Dry Beans, Eggs, and Nuts Group (Meat and Beans Group) 2-3 ounces of cooked lean meat, poultry, or fish 1/2 cup of cooked dry beans ^c or 1/2 cup of tofu counts as 1 ounce of lean meat 2 1/2-ounce soyburger or 1 egg counts as 1 ounce of lean meat 2 tablespoons of peanut butter or 1/3 cup of nuts counts as 1 ounce of meat

NOTE: Many of the serving sizes given in this table are smaller than those on the Nutrition Facts Label found on product packages. For example, one serving of cooked cereal, rice, or pasta is 1 cup for the label but only 1/2 cup for the Pyramid.

^aThis group includes lactose-free and lactose-reduced milk products. One cup of soy-based beverage with added calcium is an option for those who prefer a nondairy source of calcium.

^bChoose fat-free or reduced-fat dairy products most often.

^cDry beans, peas, and lentils can be counted as servings in either the meat and beans group or the vegetable group. As a vegetable, 1/2 cup of cooked dry beans counts as one serving. As a meat substitute, 1 cup of cooked dry beans counts as one serving (2 ounces of meat).

Talk with your doctor to learn more about how you can maintain good nutrition in your diet and stay healthy.

Resources:

Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity. (2004). *Healthy eating tips*. Retrieved from the Centers for Disease Control and Prevention Web site: <http://www.cdc.gov/nccdphp/dnpa/tips/index.htm>

U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2000). *Nutrition and your health: Dietary guidelines for Americans* (5th ed.) (Home and Garden Bulletin No. 232). Retrieved from Health.gov Web site: <http://www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm>

Fact Sheet 2: Nutrition (continued)

For more information:

**U.S. Department of Agriculture
Agricultural Research Service
National Agricultural Library
Food and Nutrition Information Center**
10301 Baltimore Avenue, Room 105
Beltsville, MD 20705-2351
Telephone: 301-504-5719
Fax: 301-504-6409
TTY: 301-504-6856
E-mail: fnic@nal.usda.gov
Web site: <http://www.nal.usda.gov/fnic/>

American Dietetic Association
120 South Riverside Plaza, Suite 2000
Chicago, IL 60606-6995
Telephone: 1-800-877-1600
Web site: <http://www.eatright.org>

National Center for Nutrition and Dietetics Information Line
1-800-366-1655

**Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion**
<http://www.cdc.gov/nccdphp>

5 A Day Program, National Cancer Institute (NCI)
The NCI's *5 A Day For Better Health Program* is a national nutrition program to encourage Americans to eat five or more servings of fruits and vegetables every day for better health.
<http://cancercontrol.cancer.gov/5aday/>

Nutrition.gov
This site provides a guide to nutrition and health information available on Federal Web sites.
<http://www.nutrition.gov>

Fact Sheet 3: Oral Health

What Is Oral Health?

Oral health involves keeping your mouth and teeth healthy. It is an important part of health throughout your life. The most common oral health problems are tooth decay and gum disease.

Tooth decay and gum disease most often are caused by plaque, a sticky combination of bacteria and food. Plaque begins to build up on your teeth within 20 minutes after you eat. If plaque is not removed well enough each day, it will lead to tooth decay. Over time, plaque will harden into what is called **tartar**.

Plaque and tartar can lead to a number of problems, including

- Cavities—holes that damage the structure of your teeth
- Gingivitis—swollen, inflamed, bleeding gums
- Periodontitis—destruction of the ligaments and bone that support the teeth, often leading to tooth loss
- Bad breath
- Mouth sores, pain, and inability to use your teeth
- A variety of health problems outside the mouth, from preterm labor to heart disease

What Can You Do to Maintain Good Oral Health?

Healthy teeth are clean and have few cavities. Healthy gums are pink and firm. To maintain healthy teeth and gums, follow these steps:

- Brush your teeth at least twice daily, preferably after every meal and at bedtime.
- Floss at least once per day.
- Schedule an appointment with a dentist for a routine cleaning and examination. Many dentists recommend having the teeth professionally cleaned every 6 months.
- Avoid tobacco.
- Limit alcohol.
- Limit the amount of sugar and sweets you eat.

Fact Sheet 3: Oral Health (continued)

Talk with your doctor about what you can do to keep your teeth and gums healthy.

Resource:

National Library of Medicine. (2004). *Dental care—Adult*. Retrieved from the MedlinePlus Medical Encyclopedia Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/001957.htm>

For more information:

**National Institute of Dental and Craniofacial Research
National Oral Health Information Clearinghouse**

1 NOHIC Way
Bethesda, MD 20892-3500
Telephone: 301-402-7364
Fax: 301-907-8830
E-mail: nidr@aerie.com
Web site: <http://www.nidr.nih.gov/>

American Dental Association

211 East Chicago Avenue
Chicago, IL 60611-2678
Telephone: 312-440-2500
Web site: <http://www.ada.org>

**Centers for Disease Control and Prevention
National Center for Chronic Disease Prevention and Health Promotion
Oral Health Resources**

<http://www.cdc.gov/oralhealth/index.htm>

Fact Sheet 4: Physical Activity

What Is Physical Activity?

Physical activity, which includes structured exercise, involves moving the body. A moderate physical activity is any activity that requires about as much energy as walking 2 miles in 30 minutes.

Being physically active and maintaining a healthy weight are both important to good health, but they benefit health in different ways.

Two types of physical activity are especially beneficial:

Aerobic activities increase your heart rate and breathing. They promote a healthy heart and lungs.

Strength and flexibility activities may help build and maintain your bones. Carrying groceries and lifting weights are two strength-building activities. Gentle stretching, dancing, or yoga can increase flexibility.

Physical activity improves your health by

- Increasing physical fitness
- Building and maintaining healthy bones, muscles, and joints
- Building endurance and muscular strength
- Managing weight
- Lowering your risk of cardiovascular disease, colon cancer, and Type 2 diabetes
- Controlling blood pressure
- Promoting psychological well-being and self-esteem
- Reducing feelings of depression and anxiety and relieving stress

To get these health benefits, adults need moderate physical activity for a total of at least 30 minutes most days of the week, preferably daily, and children need at least 60 minutes per day.

You should aim to accumulate at least 30 minutes (adults) or 60 minutes (children) of moderate physical activity most days of the week, preferably daily. No matter what activity you choose, you can do it all at once, or spread it out over two or three times during the day.

Fact Sheet 4: Physical Activity (continued)

How Can Adults Stay Physically Active

As part of your routine activities, you should

- Walk, wheel, or bike ride more and drive less.
- Walk up stairs instead of taking an elevator.
- Get off the bus or subway a few stops early and walk or wheel the remaining distance.
- Work in the yard.
- Push a stroller.
- Clean the house.
- Do exercises or pedal a stationary bike while watching television.
- Play actively with children.
- Take a brisk 10-minute walk or wheel in the morning, at lunch, and after dinner.

As part of your exercise or recreational routine, you should

- Walk, bike, or jog.
- Swim or do water aerobics.
- Play sports.
- Hike or do an activity outdoors.
- Dance.
- Take part in an exercise program at work, home, school, or a gym.

Ways children and teenagers can stay physically active:

- Be spontaneously active.
- Play tag.
- Jump rope.

Fact Sheet 4: Physical Activity (continued)

- Ride a bicycle or tricycle.
- Walk, wheel, skip, or run.
- Play actively during school recess.
- Roller skate or in-line skate.
- Take part in physical education activity classes during school.
- Join after-school or community physical activity programs.
- Dance.

Resource:

U.S. Department of Agriculture and U.S. Department of Health and Human Services. (2000). *Nutrition and your health: Dietary guidelines for Americans* (5th ed.) (Home and Garden Bulletin No. 232).

Retrieved from Health.gov Web site: <http://www.health.gov/dietaryguidelines/dga2000/document/frontcover.htm>

For more information:

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

<http://www.cdc.gov/nccdphp>

National Coalition for Promoting Physical Activity (NCPA)

<http://www.ncppa.org>

The mission of the NCPA is to unite the strengths of public, private, and industry efforts into a collaborative partnership to inspire and empower all Americans to lead physically active lifestyles to enhance their health and quality of life.

President's Council for Physical Fitness and Sports

<http://www.fitness.gov/>

The mission of the President's Council for Physical Fitness and Sports is to coordinate and promote opportunities in physical activity, fitness, and sports for all Americans.

Fact Sheet 5: Post-Traumatic Stress Disorder

What Is Post-Traumatic Stress Disorder?

Post-traumatic stress disorder (PTSD) is an anxiety disorder that can develop after exposure to a traumatic or terrifying event. This event can be one that directly affected you or something that you witnessed. For example, you can get PTSD after you have been

- Raped or sexually abused
- Hit or harmed by someone in your family
- A victim of a violent crime
- In an airplane or car crash
- In a hurricane, tornado, or fire
- In a war
- In an event in which you thought you might be killed

PTSD can cause you to experience the traumatic event again in the form of flashbacks, memories, nightmares, or frightening thoughts, especially if you are exposed to events or objects that remind you of the trauma (e.g., on the anniversary of the traumatic event).

You can develop PTSD at any point, but it usually starts within about 3 months of the event. However, it can take as long as several years to develop. PTSD can happen to anyone at any age, including children and teenagers. The disorder is twice as common in women as it is in men.

What Are the Symptoms of PTSD?

If you have lived through a traumatic or terrifying event and have experienced one or more of the following symptoms for 1 month or more, you are likely experiencing PTSD:

- Flashbacks or distressing memories about the event
- Distress at anniversaries of the trauma
- Efforts to avoid thoughts, feelings, and activities associated with the trauma
- Feelings of detachment from others and an inability to have loving feelings and relationships
- Lack of interest in activities you once enjoyed

Fact Sheet 5: Post-Traumatic Stress Disorder (continued)

- Depression and hopelessness about the future
- Physical or psychological symptoms that weren't present before the trauma, for example, trouble sleeping, anger, difficulty concentrating, exaggerated startle response to noise or situations that remind you of the event, a rapid heart rate, muscle tension, or nausea

What Can You Do If You Think You Have PTSD?

The first thing you should do is talk with your doctor or a mental health professional. This person will talk with you about the symptoms you are experiencing and will be able to determine whether you are suffering from PTSD or another anxiety or depressive disorder.

What Kinds of Treatment Are Available for PTSD?

Your doctor or mental health professional will be able to determine the best treatment for you. The following types of treatment are available:

Medication can be used to help control the symptoms of PTSD. Antidepressants can help control anxiety and depression. Tranquilizers are also sometimes used. Medication is often used in combination with other types of talk therapy.

Individual therapy can be used to help you examine personal values and the ways in which your experience during the traumatic event affected you.

Discussion groups or peer-counseling groups encourage survivors of similar traumatic events to share experiences. Often, talking with others who have experienced the same situation or felt the same emotions is helpful.

Stress management training can be used to help you manage anxiety through relaxation. You can learn skills that will help you address and respond to negative thoughts and emotions without getting overwhelmed.

Resource:

National Institute of Mental Health. (2002). *Facts about post-traumatic stress disorder* (Publication No. OM-99 4157).

Retrieved from <http://www.nimh.nih.gov/publicat/ptsdfacts.cfm>

For more information:

National Child Traumatic Stress Network

301-235-2633

<http://www.nctsnet.org>

(continued)

Fact Sheet 5: Post-Traumatic Stress Disorder (continued)

For more information (continued):

National Mental Health Association

1-800-969-NMHA (1-800-969-6642)

<http://www.nmha.org>

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

National Institute of Mental Health

1-866-615-6464 (Information Center); 1-888-826-9438 (Publication Orders)

<http://www.nimh.nih.gov/anxiety/>

Obsessive-Compulsive Foundation

203-315-2190

<http://www.ocfoundation.org>

Anxiety Disorders Association of America

240-485-1001

<http://www.adaa.org>

Freedom From Fear

718-351-1717; 1-888-442-2022

<http://www.freedomfromfear.com/>

American Psychiatric Association

1-888-357-7924

<http://www.psych.org>

American Psychological Association

1-800-964-2000

<http://www.apa.org>; <http://helping.apa.org/>

American Academy of Child and Adolescent Psychiatry

<http://www.aacap.org>

(continued)

Fact Sheet 5: Post-Traumatic Stress Disorder (continued)

For more information (continued):

PTSD Alliance Resource Center

1-877-507-7873

<http://www.ptsdalliance.org>

Sidran Institute

1-888-825-8249

<http://www.sidran.org>

National Center for PTSD

1-802-296-5132

<http://www.ncptsd.org>

Fact Sheet 6: Spirituality and Health

What Is Spirituality?

Spirituality is an important part of well-being that people may overlook. Religious involvement and spirituality overlap in many ways. But spirituality isn't so much connected to a specific belief or form of worship as it is with the spirit or the soul. Spirituality can be about meaning and purpose in life and values.

How Can Spirituality Promote Health?

Studies have shown that people who consider themselves to be spiritual enjoy better health, live longer, recover from illness more quickly and with fewer complications, suffer less depression and chemical addiction, have lower blood pressure, and cope better with pain and such serious diseases as cardiovascular disease.

Spirituality is associated with healing and better health. However, it isn't a cure. Spirituality can help you live life more fully despite your symptoms, but studies haven't found that it actually cures health problems. You should view spirituality as a helpful healing force, but not as a substitute for traditional medical care.

What Are Some Ways Spirituality Can Be Expressed?

- Prayer
- Attendance at religious services
- Feeling in tune with nature
- Music
- Meditation
- Art

Whatever form your spirituality takes, addressing your spiritual needs can be a helpful strategy for managing your health. Many people find it brings inner peace and added strength to address and respond to the challenges they face in life.

Fact Sheet 6: Spirituality and Health (continued)

Resource:

Mayo Foundation for Medical Education and Research. (2002). *Spirituality and chronic pain*. Retrieved from the MayoClinic.com Web site: <http://www.mayoclinic.com>

For more information:

**National Library of Medicine and National Institutes of Health
MedlinePlus Health Information**
<http://www.nlm.nih.gov/medlineplus>

Fact Sheet 7: Stress and Coping

Stress is common to everyone. Our bodies are designed to feel stress and react to it. It keeps us alert and ready to avoid danger. It is not always possible to avoid or change events that may cause stress. We can feel trapped and unable to cope. When stress persists, the body begins to break down and illnesses can occur. The key to coping with stress is identifying stressors in your life and learning ways to redirect and reduce stress.

What Is Stress?

Stress is your reaction to any change that requires you to adjust or respond. It's important to remember that you can learn to control stress, because stress comes from how you respond to stressful events.

Common causes include

- Death of a loved one
- Crowds
- Heavy traffic
- Confrontations
- Marriage
- Pregnancy
- Deadlines
- Legal problems
- Job change
- Moving
- Accidents
- Divorce
- New job
- Retirement
- Money problems
- Illnesses

Fact Sheet 7: Stress and Coping (continued)

What Are the Warning Signs of Stress?

Emotional warning signs

- Anxiety
- Sleep disruption
- Anger
- Inability to concentrate
- Unproductive worry
- Sadness
- Frequent mood swings
- Physical warning signs
- Stooped posture
- Sweaty palms
- Chronic fatigue
- Weight gain or loss
- Physical symptoms your doctor cannot attribute to another condition

Behavioral warning signs

- Overreacting
- Acting on impulse
- Using alcohol or drugs
- Withdrawing from relationships
- Changing jobs often
- Feeling agitated most of the time

Fact Sheet 7: Stress and Coping (continued)

What Can You Do to Reduce Stress?

- Keep a positive attitude.
- Accept that you cannot control some events.
- Be assertive instead of aggressive. Instead of becoming angry, combative, or passive, assert your feelings, opinions, or beliefs. That is, speak up for yourself, but do respect the thoughts and beliefs of others.
- Learn to relax.
- Exercise regularly. Your body can fight stress better when it's fit.
- Eat well-balanced meals.
- Rest and sleep. Your body needs time to recover from stressful events.
- Don't rely on alcohol or drugs (or overeating) to reduce stress. Instead, find a hobby that interests you.

Resource:

The Cleveland Clinic, Department of Patient Education and Health Information. (2001).

Stress: How can I cope?

Retrieved from <http://www.clevelandclinic.org/health/health-info/docs/0000/0069.asp?index=4606>

For more information:

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

National Alliance for the Mentally Ill

1-800-950-6264

<http://www.nami.org>

(continued)

Fact Sheet 7: Stress and Coping (continued)

For more information (continued):

National Mental Health Association
1-800-969-NMHA (1-800-969-6642)
<http://www.nmha.org>

National Institute of Mental Health
Office of Communications
Information Resources and Inquiries Branch
6001 Executive Boulevard
Room 8184, MSC 9663
Bethesda, MD 20892-9663
Telephone: 301-443-4513
Toll-free information line: 1-866-615-6464
TTY: 301-443-8431
Fax: 301-443-4279
E-mail: nimhinfo@nih.gov
Web site: <http://www.nimh.nih.gov>

Fact Sheet 8: Substance Abuse

What Is Substance Abuse?

Substance abuse is a disease that affects your brain and your behavior. You have control over your choice to start using drugs, but once you start, the pleasurable effect of drugs makes you want to keep using them. Over time, your brain actually changes in certain ways so that a powerful urge to use drugs controls your behavior. This behavior change from using drugs is what it means to be addicted to them. Someone who is addicted uses drugs without thinking or caring about the consequences.

People can become addicted to illegal drugs and doctor-prescribed drugs.

Commonly abused illegal drugs include

- Marijuana (pot)
- Hallucinogens (PCP or LSD)
- Methamphetamine (speed, crank, crystal, or meth)
- Cocaine and crack
- Heroin

People can also become addicted to substances they may not think of as drugs, such as alcohol.

What Are Some Possible Signs of Substance Abuse?

- Having trouble paying attention
- Being more forgetful than usual
- Missing work or school
- Being moodier than usual
- Having trouble sleeping
- Feeling people are “out to get you”
- Having no interest in things you used to enjoy

Fact Sheet 8: Substance Abuse (continued)

Resource:

American Academy of Family Physicians. (2001). *Drug abuse: How to break the habit*. Retrieved from <http://familydoctor.org/x2782.xml>

For more information:

National Clearinghouse for Alcohol and Drug Information

1-800-788-2800

<http://www.health.org>

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

Narcotics Anonymous

<http://www.na.org>

Check your telephone book for a local listing.

National Institute on Alcohol Abuse and Alcoholism

6000 Executive Boulevard, Suite 409

Bethesda, MD 20892-7003

Telephone: 301-443-3860

Web site: <http://www.niaaa.nih.gov>

National Institute on Drug Abuse

6001 Executive Boulevard, Room 5213

Bethesda, MD 20892-9561

Telephone: 301-443-1124

Web site: <http://www.nida.nih.gov>

American Council for Drug Education

164 West 74th Street

New York, NY 10023

Telephone: 1-800-488-DRUG (1-800-488-3784)

E-mail: acde@phoenixhouse.org

Web site: <http://www.acde.org>

Fact Sheet 9: Suicide Prevention

A suicide attempt is a clear sign that something is gravely wrong in a person's life. No matter the race or age of the person, or how rich or poor they are, most people who commit suicide have a mental or emotional disorder. The most common disorder linked to suicide is depression. The following are some statistics about suicide:

- Each year in the United States, almost 30,000 lives are lost to suicide.
- Each year, more than 323,000 Americans are treated in U.S. hospital emergency departments after attempting to take their own lives.
- Adults 65 years or older have the highest suicide rate of any age group, averaging a suicide every 99 minutes.

What Are the Warning Signs of Someone Considering Suicide?

Any one of these symptoms does not necessarily mean the person is suicidal, but several of these symptoms may indicate a need for help:

- Making such verbal suicide threats as, "You'd be better off without me" or "Maybe I won't be around"
- Expressing hopelessness and helplessness
- Making previous suicide attempts
- Showing daring or risk-taking behavior
- Having personality changes
- Feeling depressed
- Giving away valued personal belongings
- Having a lack of interest in future plans

Remember: Eight out of ten suicidal persons give some sign of their intentions. People who talk about suicide, threaten to commit suicide, or call suicide crisis centers are 30 times more likely than average to kill themselves.

What Should You Do If You Think Someone Is Suicidal?

- Trust your instincts that the person may be in trouble.
- Talk with the person about your concerns. Really LISTEN as the person talks to you.

Fact Sheet 9: Suicide Prevention (continued)

- Ask direct questions without being judgmental. Determine whether the person has a specific plan to carry out the suicide. The more detailed the plan, the greater the risk.
- Get professional help, even if the person resists.
- Do not leave the person alone.
- Do not promise to keep the person's plans a secret.
- Do not act shocked or judgmental.
- Do not counsel the person yourself.

What Resources Are Available in Your Community?

- Telephone hotlines (check the local telephone book or contact local mental health associations, community centers, or United Way chapters)
- Clergy
- Medical professionals
- Law enforcement agencies

Resources:

Centers for Disease Control and Prevention. (2004). *Preventing suicide and suicidal behavior: Programs in brief.*

Retrieved from <http://www.cdc.gov/programs/injury2.htm>

National Mental Health Association. *Mental health information fact sheet—Suicide: General information.*

Retrieved from <http://www.nmha.org/infoctr/factsheets/81.cfm>

For more information:

American Academy of Child and Adolescent Psychiatry

202-966-7300

<http://www.aacap.org>

(continued)

Fact Sheet 9: Suicide Prevention (continued)

For more information (continued):

American Association of Suicidology

202-237-2280

<http://www.suicidology.org>

American Foundation for Suicide Prevention

120 Wall Street, 22nd Floor

New York, NY 10005

Telephone: 212-363-3500

Toll-free information line: 1-888-333-AFSP (1-888-333-2377)

Fax: 212-363-6237

E-mail: inquiry@afsp.org

<http://www.afsp.org>

Suicide Prevention Resource Center

1-877-GET-SPRC (1-877-438-7772)

<http://www.sprc.org>

National Suicide Prevention Hotline

1-800-273-TALK (1-800-273-8255)

National Mental Health Association

Telephone: 1-800-969-NMHA (1-800-969-6642)

TTY: 1-800-433-5959

Web site: <http://www.nmha.org>

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

Fact Sheet 10: Tobacco Use

Tobacco use is the leading preventable cause of death in the United States. More than 440,000 people die each year because of smoking. Nearly one of every five deaths is related to smoking. Cigarettes kill more Americans than alcohol, car accidents, suicide, AIDS, homicide, and illegal drugs combined.

What Are the Health Risks of Tobacco?

Cigarette smoking causes many types of cancer, which may not develop for years. It is the most common cause of lung cancer. It also causes cancer in the voice box, throat, mouth, and esophagus (swallowing tube). Cigarette smoking also can lead to the development of some leukemias and cancers of the bladder, pancreas, liver, uterine cervix, kidney, stomach, colon, and rectum.

Other effects of smoking include

- Decreased lung function
- Shortness of breath
- Coughing
- Tiring easily during strenuous physical activity
- Less ability to smell and taste
- Early aging of skin

If you use smokeless tobacco, you have many of these same risks, including a 50 times greater risk for cancer of the mouth with long-term use.

If you don't smoke yourself but are exposed regularly to secondhand smoke, you still have a higher risk of

- Lung cancer
- More respiratory infections (such as bronchitis and pneumonia), asthma, and poor lung function in infants and children as the lungs mature
- Sudden and severe reactions, including eye, nose, throat, and lower respiratory tract symptoms

Fact Sheet 10: Tobacco Use (continued)

How Do You Quit Tobacco Use?

A lot of methods exist for quitting smoking, and many resources are available to help you. Family members, friends, and coworkers may be supportive or encouraging, but the desire and commitment to quit must be your own.

Most people who have been able to quit smoking successfully made at least one unsuccessful attempt in the past. You should try not to view past attempts to quit as failures, but rather as learning experiences.

Some tips to help you quit smoking include the following:

- Make a list of the reasons why you want to quit. Include both short- and long-term benefits.
- Ask your health care provider for help. Find out whether prescription medications (such as Zyban) might be useful for you. Find out about nicotine patches (Nicorette), gum, and sprays.
- Ask your family, friends, and coworkers for support.
- Set a quit date.
- Get rid of all your cigarettes by that date. Throw them out if you have to!
- Quit completely—cold turkey.
- Exercise—it helps relieve the urge to smoke.
- Learn self-hypnosis from a qualified practitioner; it helps some people.
- Make a plan about what you will do, instead of smoking, when you are stressed or at other times when you have the urge to smoke. Be as specific as possible.
- Avoid smoke-filled settings and situations in which you are more likely to smoke.

Quitting tobacco is difficult, particularly if you are acting alone. If you join a smoking cessation program, you have a much better chance of success. Hospitals, health departments, community centers, and many employers offer such programs.

Fact Sheet 10: Tobacco Use (continued)

What Are the Benefits of Quitting?

Within 20 minutes of quitting, your blood pressure and pulse rate drop to normal, and the temperature of your hands and feet increases to normal.

Within 8 hours of quitting, your carbon monoxide levels drop and your oxygen levels increase, both to normal levels.

Within 24 hours of quitting, your risk of a sudden heart attack decreases.

Within 48 hours of quitting, your senses of smell and taste begin to return to normal.

Within 2 weeks to 3 months of quitting, your circulation improves and walking becomes easier. Your lung function increases by as much as 30 percent.

Within 1 to 9 months of quitting, your overall energy usually increases and symptoms like coughing, nasal congestion, fatigue, and shortness of breath lessen.

Within 1 year of quitting, your risk of coronary heart disease is half that of someone still using tobacco.

Within 5 years of quitting, the lung cancer death rate decreases by nearly 50 percent compared to the rate for one-pack-per-day smokers. The risk for cancer of the mouth is half that of a tobacco user.

Within 10 years of quitting, your lung cancer death rate becomes similar to that of someone who never smoked; precancerous cells are replaced with normal cells; your risk of stroke is lowered, possibly to that of a nonuser; your risks for cancer of the mouth, throat, esophagus, bladder, kidney, and pancreas all go down.

What Are Other Resources to Help You Quit Smoking?

Call your doctor if you are a smoker and

- You want to learn about methods to stop tobacco use.
- You are pregnant, planning a pregnancy in the future, or using birth control pills.
- You have symptoms of specific diseases associated with tobacco use (even if you are a nonsmoker exposed to secondhand smoke).

Other resources include local chapters of the American Lung Association and the American Cancer Association. Both organizations have a wide range of resource materials and comprehensive smoking cessation programs.

Fact Sheet 10: Tobacco Use (continued)

Resource:

National Library of Medicine. (2004). *Smoking and smokeless tobacco*. Retrieved from the MedlinePlus Medical Encyclopedia Web site: <http://www.nlm.nih.gov/medlineplus/ency/article/002032.htm>

For more information:

American Cancer Society

1-800-ACS-2345 (1-800-227-2345)
<http://www.cancer.org>

American Heart Association

1-800-242-1793 (Call Center) or check your telephone book for the chapter in your area
<http://www.amhrt.org>

American Lung Association

1-800-586-4872 or 212-315-8700 or check your telephone book for the chapter in your area
<http://www.lungusa.org>

National Cancer Institute

Cancer Information Service

1-800-4-CANCER (1-800-422-6237)
<http://www.cancer.gov>

Centers for Disease Control and Prevention

National Center for Chronic Disease Prevention and Health Promotion

Tobacco Information and Prevention Source

<http://www.cdc.gov/tobacco>

3.5.4 Maternal and Child Health

This set of fact sheets provides information about maternal and child health:

- What you should know before you become pregnant
- Prenatal care
- Services available for women of low income and their children
- Helping your child stay healthy
- Adolescent health issues

Fact Sheet 1: What You Should Know Before You Become Pregnant

Your health and your spouse's health before your pregnancy affect the health of your future baby. You can do some specific things to help your baby even before you're pregnant.

An important thing to remember is that your baby's organs begin to form in the first 4 weeks of pregnancy. Many women do not even know they are pregnant during this time, so it is important to make sure you are in good health if you are planning a pregnancy or think you might be pregnant.

What Can You Do to Keep You and Your Future Baby Healthy

- Take a multivitamin with 400 micrograms (mcg) of folic acid every day before pregnancy.
- Get a health checkup before pregnancy.
- Eat healthy food, maintain a healthy weight, and exercise regularly.
- Stop smoking and avoid secondhand smoke.
- Stop drinking alcoholic beverages.
- Don't use illegal drugs.
- Avoid infections because some can harm an unborn child.
- Avoid harmful substances and chemicals.
- Talk with your doctor about your family's health history, especially any history of birth defects or inherited health problems.
- Reduce and learn to manage stress in healthy ways.

Resource:

March of Dimes Birth Defects Foundation. (2004). *Ten steps to getting healthy before pregnancy*. Retrieved from the March of Dimes Web site: http://www.marchofdimes.com/pnhec/173_1021.asp

For more information:

March of Dimes (local chapters in all 50 States)

1275 Mamaroneck Avenue

White Plains, NY 10605

For a chapter in your area, visit <http://www.marchofdimes.com>
or check your local telephone book.

(continued)

Fact Sheet 1: What You Should Know Before You Become Pregnant (continued)

For more information (continued):

American College of Obstetricians and Gynecologists (ACOG)

ACOG Resource Center

409 12th Street, S.W.

Washington, DC 20024-2188

P.O. Box 96920

Washington, DC 20090-6920

Telephone: 202-863-2518

Fax: 202-484-1595

Web site: <http://www.acog.org>

U.S. Department of Health and Human Services

National Women's Health Information Center

8550 Arlington Boulevard, Suite 300

Fairfax, VA 22031

Telephone: 1-800-994-WOMAN (1-800-994-96626) or 1-800-994-9662

TTY (for callers deaf and hard of hearing): 1-888-220-5446

Web site: <http://www.4woman.gov>

Fact Sheet 2: Prenatal Care

All women need prenatal care. Young or old, first baby or fifth, all mothers-to-be benefit from regular care during their pregnancy. Women who see a doctor regularly during their pregnancy have healthier babies, are less likely to deliver prematurely, and are less likely to have other serious problems related to pregnancy.

What Does Prenatal Care Involve?

During prenatal visits, the health care provider

- Teaches the woman about pregnancy
- Monitors any medical conditions she may have (such as high blood pressure)
- Tests for problems with the baby
- Tests for health problems in the woman (such as gestational diabetes)
- Refers the woman to other services, such as support groups, the WIC program (see Fact Sheet 3, “Services Available for Women of Low Income and Their Children”), or childbirth education classes

During your first prenatal care visit, your doctor will ask you a lot of questions and will do some tests. Most of your other visits will be much shorter.

What Is a Typical Prenatal Care Schedule?

This is a typical prenatal care schedule for a woman at low risk with a normally progressing pregnancy:

- Weeks 4 to 28: one visit per month (every 4 weeks)
- Weeks 28 to 36: two visits per month (every 2 to 3 weeks)
- Weeks 36 to birth: one visit per week

A woman with a chronic medical condition or a “high-risk” pregnancy may have to see her health care provider more often. You should make sure you go to all your prenatal care appointments, even if you’re feeling fine.

At the first visit, your health care provider will

- Ask you about your health, your partner’s health, and the health of your close family members. Don’t worry if you don’t know all the answers.
- Identify medical problems.

Fact Sheet 2: Prenatal Care (continued)

- Talk with you about the medications you are taking.
- Do a physical exam and a pelvic (vaginal) exam.
- Weigh you.
- Check your blood pressure.
- Check a urine sample for any sign of diabetes or infection.
- Do some blood tests to check for anemia and to see whether you have had certain infections. You will be asked whether you want a test for HIV, the virus that causes AIDS.
- Do a Pap smear to check for cervical cancer and infections.
- Estimate the day your baby will be born (your “due date”). Most babies are born within 2 weeks before or after their due date.
- Make sure you’re taking a prenatal vitamin with folic acid.

During later prenatal visits, your health care provider will

- Weigh you.
- Check your blood pressure.
- Measure your belly to see how the baby is growing (middle and late pregnancy).
- Check your hands, feet, and face for swelling.
- Listen for the baby’s heartbeat (after the 12th week of pregnancy).
- Feel your abdomen to check the baby’s position (later in pregnancy).
- Do such needed tests as blood tests or ultrasound.
- Ask you whether you have any questions or concerns. It’s a good idea to write down your questions and to bring the paper with you to your appointment.

Fact Sheet 2: Prenatal Care (continued)

Resource:

March of Dimes Birth Defects Foundation. (2004). *Prenatal care*.
Retrieved from March of Dimes Web site: http://www.marchofdimes.com/pnhec/159_513.asp

For more information:

March of Dimes (local chapters in all 50 States)

1275 Mamaroneck Avenue
White Plains, NY 10605
For a chapter in your area, visit <http://www.marchofdimes.com>
or check your local telephone book.

American College of Obstetricians and Gynecologists (ACOG)

ACOG Resource Center

409 12th Street, S.W.
Washington, DC 20024-2188
P.O. Box 96920
Washington, DC 20090-6920
Telephone: 202-863-2518
Fax: 202-484-1595
Web site: <http://www.acog.org>

U.S. Department of Health and Human Services

National Women's Health Information Center

8550 Arlington Boulevard, Suite 300
Fairfax, VA 22031
Telephone: 1-800-994-WOMAN (1-800-994-96626) or 1-800-994-9662
TTY (for callers deaf and hard of hearing): 1-888-220-5446
Web site: <http://www.4woman.gov>

Fact Sheet 3: Services Available for Women of Low Income and Their Children

Many services are available to help women of low income and their children stay healthy. If you qualify, you may be able to receive one or more of these services.

For more information on these services, contact your local welfare office.

What Is WIC?

WIC is the Special Supplemental Nutrition Program for Women, Infants, and Children, better known as the WIC Program. It provides healthy foods, nutrition counseling, and referrals to health care and other social services to participants at no charge. WIC serves pregnant, postpartum, and breastfeeding women of low income, and infants and children up to age 5 who are at risk for poor nutrition.

The program is available in all 50 States. WIC State agencies administer the program through local agencies and clinics.

How Do You Become Eligible for Medicaid?

Medicaid covers prenatal care for pregnant women who are eligible. You may be eligible if you are married or single. If you are on Medicaid when your child is born, both you and your child will be covered.

What Is the State Children’s Health Insurance Plan (SCHIP)?

SCHIP offers health insurance plans for children, up to age 19, who are not already insured. Families who earn too much to qualify for Medicaid may be able to qualify for SCHIP.

The health insurance will cover

- Doctor visits
- Immunizations
- Hospitalizations
- Emergency room visits

What Services Do Planned Parenthood® Health Centers Provide?

Nationwide, Planned Parenthood health centers provide affordable reproductive health care and sexual health information to nearly 5 million women, men, and teens—regardless of race, age, sexuality, disability, or income. Planned Parenthood health centers provide care to Medicaid recipients and participate in local managed health care programs. To locate a Planned Parenthood health center in your area, call 1-800-230-PLAN (1-800-230-7526), or look for the number in your local telephone book.

Fact Sheet 3: Services Available for Women of Low Income and Their Children (continued)

Resources:

Centers for Medicare & Medicaid Services. (2003). *Welcome to Medicaid site for consumer information.*

Retrieved from <http://www.cms.hhs.gov/medicaid/consumer.asp>

U.S. Department of Agriculture, Food and Nutrition Service. *WIC fact sheet.*

Retrieved from <http://www.fns.usda.gov/wic/WIC-Fact-Sheet.pdf>

For more information:

U.S. Department of Agriculture

Food and Nutrition Service

3101 Park Center Drive, Room 914

Alexandria, VA 22302

Telephone: 703-305-2286

Web site: <http://www.fns.usda.gov>

For a directory of WIC State Agencies and 1-800 contact numbers

<http://www.fns.usda.gov/wic/Contacts/ContactsMenu.htm>

American College of Obstetricians and Gynecologists (ACOG)

ACOG Resource Center

409 12th Street, S.W.

Washington, DC 20024-2188

P.O. Box 96920

Washington, DC 20090-6920

Telephone: 202-863-2518

Fax: 202-484-1595

Web site: <http://www.acog.org>

U.S. Department of Health and Human Services

National Women's Health Information Center

8550 Arlington Boulevard, Suite 300

Fairfax, VA 22031

Telephone: 1-800-994-WOMAN (1-800-994-96626) or 1-800-994-9662

TTY (for callers deaf and hard of hearing): 1-888-220-5446

Web site: <http://www.4woman.gov>

Centers for Medicare & Medicaid Services

Medicaid

<http://www.cms.hhs.gov/medicaid/consumer.asp>

Fact Sheet 4: Helping Your Child Stay Healthy

As a parent, you can do many things to help your child stay healthy. They include learning about what you can do to help prevent common childhood illnesses and making sure your child receives recommended vaccinations.

What Are the Common Childhood Illnesses?

Chickenpox (varicella). Chickenpox is a common and highly contagious viral disease characterized by red, itchy bumps on the skin that become blisters, and then dry and form crusts.

Colds (upper respiratory infections). A cold is a viral infection that often involves sneezing, runny nose, sore throat, cough, mild fatigue, and fever.

Head lice. These tiny, wingless insects get in the hair and cause itching.

Mononucleosis (Mono). Sometimes called **mono**, this viral infection is characterized by fatigue, fever, headache, sore throat, and swollen glands. Mono often is spread through coughing, sneezing, kissing, or sharing a glass or cup.

Pinkeye (conjunctivitis). Pinkeye is characterized by red, itchy eyes; blurred vision; sensitivity to light; and an eye discharge that crusts during sleep.

Stomach flu (gastroenteritis). Gastroenteritis is an intestinal infection characterized by nausea, vomiting, diarrhea, fever, and abdominal cramps. Gastroenteritis may be caused by viruses, bacteria, or parasites.

Strep throat. This bacterial throat infection is characterized by a sore throat, pain with swallowing, fever, headache, and swollen tonsils and lymph glands. It can be treated with antibiotics.

What Can You Do to Prevent These Common Illnesses?

- Remind children to wash their hands with warm water and soap, especially after using the bathroom.
- Ask your child not to share hats, scarfs, coats, combs, brushes, or hair accessories with other children.
- Avoid sharing eating utensils, glasses, and plates.
- Use separate towels in the bathroom.
- Cook meats well.

Fact Sheet 4: Helping Your Child Stay Healthy (continued)

- Wash cutting boards thoroughly and use separate utensils when preparing foods, especially meat.
- Clean out the refrigerator often.

What Other Important Information Should Parents Know?

- Don't give your child acetaminophen (one trade name is Tylenol®) or ibuprofen (one trade name is Advil®) to treat a low-grade fever (one that's below 102° F or 39° C) or to treat minor pain unless your doctor tells you to.
- Never give your child aspirin. If children take aspirin when they have a viral infection, they may get a rare but potentially life-threatening disease called Reye's syndrome.

How Do Vaccinations Help Your Child?

Vaccinations are important to keep your child healthy. They are given as a shot and are an easy way you can protect your child from getting many serious illnesses.

In the United States, vaccines are recommended for all children to protect them from the following diseases:

- Diphtheria
- Whooping cough (pertussis)
- Tetanus
- Polio
- Measles
- Mumps
- German measles (rubella)
- Chickenpox (varicella)
- Hepatitis B
- Influenza (flu)
- Pneumococcal diseases

Fact Sheet 4: Helping Your Child Stay Healthy (continued)

In most of the United States, many of these vaccinations are required before a child attends school or day care. The first shots for most of these illnesses should be given when the child is still a baby.

The recommended schedule for giving children vaccines is updated often. Talk with your doctor to get the most current information, and ask questions.

Resources:

U.S. Department of Health and Human Services, Food and Drug Administration. (2002). *Protecting your child against serious diseases: Making sure kids get all their "shots"* (FDA Publication No. 02-9019). Retrieved from <http://www.fda.gov/opacom/lowlit/shots.html>

Mayo Foundation for Medical Education and Research. (2002). *Childhood illnesses: Prevent the 7 usual suspects*. Retrieved from the Mayo Clinic.com Web site: <http://www.mayoclinic.com/invoke.cfm?objectid=0914FCEB-6E77-41C6-87E2C19D7C36BBFD>

For more information:

The American Academy of Pediatrics
141 Northwest Point Boulevard
Elk Grove Village, IL 60007-1098
Telephone: 847-434-4000
Fax: 847-434-8000
Web site: <http://www.aap.org>

The American Academy of Pediatrics
Department of Community Pediatrics
Childhood Immunization Support Program
141 Northwest Point Boulevard
Elk Grove Village, IL 60007
Telephone: 847-434-7106
Fax: 847-228-6432
Web site: <http://www.cispimmunize.org/>

U.S. Department of Health and Human Services
National Vaccine Program Office
<http://www.hhs.gov/nvpo/>

(continued)

Fact Sheet 4: Helping Your Child Stay Healthy (continued)

For more information (continued):

Centers for Disease Control and Prevention

National Immunization Program (NIP)

NIP Public Inquiries

1600 Clifton Road, NE

Mailstop E-05

Atlanta, GA 30333

Telephone: 1-800-232-2522

Spanish: 1-800-232-0233

Fax: 1-888-CDC-FAXX (1-888-232-3299)

Web site: <http://www.cdc.gov/nip>

KidsHealth®

<http://www.kidshealth.org>

Fact Sheet 5: Adolescent Health Issues

Adolescence is a time of change—physically, intellectually, socially, and emotionally. As parents, knowing what to expect can help you and your teenagers deal with the “growing pains” of adolescence.

What Are Some Important Facts About Adolescence?

- Injuries kill more teens than all diseases combined.
- About one in eight people murdered in the United States each year are younger than 18 years of age.
- Approximately 80 percent of adult smokers started smoking before the age of 18.
- Alcohol is the drug of choice among teens. Some students report heavy drinking as early as the eighth grade.
- Almost one-third of teenagers report they have used illegal drugs.
- Teenage girls are twice as likely as teenage boys to suffer from depression.
- Suicide is the third leading cause of death for young people ages 15 to 24.
- Teens often believe that all their friends are having sex.
- An estimated 350 teens contact a sexually transmitted disease every hour.
- One in five teens is overweight.
- The number of overweight teens in the United States is increasing because they don't get enough exercise.
- Most teenage girls are concerned with the way they look and are dissatisfied with their bodies and their weight. Nearly half of all high school girls diet to lose weight.

Resource:

American Medical Association. (2001). *The parent package*.
Retrieved from <http://www.ama-assn.org/ama/upload/mm/39/parentinfo.pdf>

For more information:

Adolescent Health On-Line

[http://www.ama-assn.org/go/adolescent health](http://www.ama-assn.org/go/adolescent%20health)

(continued)

Fact Sheet 5: Adolescent Health Issues (continued)

For more information (continued):

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

National Clearinghouse for Alcohol and Drug Information Center

1-800-729-6686

<http://www.health.org>

KidsHealth®

<http://www.kidshealth.org>

Centers for Disease Control and Prevention

National Center for Chronic Disease and Prevention and Health Promotion

Division of Adolescent and School Health

<http://www.cdc.gov/nccdphp/dash/>

The American Lung Association

61 Broadway, 6th Floor

New York, NY 10006

Telephone: 212-315-8700

To find the office in your area, look in your local telephone book, or

visit: <http://www.lungusa.org>

Mothers Against Drunk Driving (MADD) National Office

511 East John Carpenter Freeway, Suite 700

Irving, TX 75062

To find the chapter in your area, call toll-free information line:

1-800-GET-MADD (1-800-438-6233).

Web site: <http://www.madd.org>

3.5.5 Older Adult Issues

This set of fact sheets provides information about the following issues related to older adults:

- Care for older adults
- Depression in older adults
- Mobility: getting around
- Isolation
- Alzheimer's disease and dementia
- Caregiving

Fact Sheet 1: Care for Older Adults

When your older parents or loved ones need care, it is important to know you have many available services in your community to help you. The following list describes the different types of services available to help care for older adults:

- Services to help older adults continue to live on their own at home
- Services to help older adults get out and become involved in the community
- Various types of health care coverage
- Various types of care for when older adults cannot live on their own

To learn more about these services, start by contacting your local Agency on Aging. You can find the number for your local agency by looking in your telephone book or by calling the Eldercare Locator at 1-800-677-1116.

What Help Is Available at Home?

Home and personal care. Home care aides do chores like house cleaning, grocery shopping, or laundry. Personal care is nonmedical help with such activities of daily living (sometimes called **ADLs**) as bathing, dressing, or using the toilet. Home repair services help with basic upkeep of the home and minor changes to make it secure and safe. Installing grab bars in bathrooms, special seats in the shower, or ramps for a wheelchair can make it easier for an older adult to live at home.

Meal services. Home-delivered meal programs offer healthy meals to those who can no longer shop for groceries or cook. Many senior centers offer lunch and the opportunity to eat with other people.

Companion and telephone reassurance services. Volunteers make regular visits or telephone calls to older adults who can't get out of the house. The volunteer checks on the person and keeps him company, providing regular contact for older people who are alone.

Home observation. Some communities train mail carriers or utility workers to spot signs of trouble at the homes of older adults. When they have concerns, such as a pileup of mail or trash, they report it to an agency, which then checks on the older person.

Home health care. Home health care meets health care needs prescribed by a physician and provided by licensed professionals. This type of care includes skilled nursing care, personal care, rehabilitative therapy, giving medicine, wound care, and medical help.

Fact Sheet 1: Care for Older Adults (continued)

Personal emergency response systems (PERS). A PERS is a simple device worn by a person that enables her to call for help in emergencies. When the user pushes the button on the PERS, it sends a message to a hospital or police station. Someone then checks on the person.

Hospice care. Hospice services include medical care, counseling, and pain control for terminally ill patients and their families. Hospice services usually are provided in patients' homes. They help the entire family, the caregivers, and the patient cope with issues related to the terminal illness.

What Help Is Available in the Community?

Senior centers. Many communities offer a variety of activities in centers designed for older adults. These include recreation programs, social activities, health screenings, and meals.

Transportation. Many communities provide transportation to medical appointments, senior centers, or shopping areas. These services usually are free. Some may have a small fee. Other transportation services, such as discount taxi programs, van services, or volunteer drivers, often are available.

Adult day centers. For the older adult who needs supervised assistance, these centers offer many services in a group setting. Services may include health care, recreation, meals, and rehabilitative therapy. These centers meet the needs of people with mental or physical limitations. Their services usually have a cost. However, many centers offer sliding rate scales or some financial assistance.

Respite care. Respite care provides time off for family members who care for someone who is ill, injured, or frail. This type of care can take place in an adult day center, in the home of the person being cared for, or even in such a residential setting as an assisted living facility or nursing home.

How Do You Pay for Services?

Medicare. This program provides medical coverage for most people over the age of 65. Medicare covers limited, skilled nursing home care and home care benefits.

Medicaid. Medicaid is a State and federally funded program to help people of low income pay for medical care. Medicaid may help pay for nursing home care and sometimes for services at home. It's important to check with your local Medicaid office for eligibility.

Fact Sheet 1: Care for Older Adults (continued)

Private long-term care insurance. This type of insurance pays for care in nursing homes, assisted living, home care, or any combination, depending on the policy. The older you are when you purchase your coverage, the higher your costs. It is not affordable for some.

What Are Your Housing Options?

Home modification. Home modification and repair include adaptations to homes that make it easier and safer to carry out such activities as bathing, cooking, and climbing stairs and include alterations to the physical structure of the home to improve its overall safety and condition.

Independent living. Independent living residents generally require no extra assistance with daily tasks. Independent housing includes everything from houses to townhouses to apartments. The only factor that makes it different from other housing without medical services is that the elderly residents don't require help.

Assisted living. Assisted living facilities are for those who, by choice or necessity, feel they need help with some activities but do not require extensive care. Generally, the resident can get help with such activities of daily living as eating, housekeeping, dressing, and bathing. Assisted living facilities do not offer extensive medical and nursing care.

Continuing care retirement communities (CCRCs). CCRCs, sometimes called **life care communities**, offer several housing options and services, depending on the needs of the resident. Having several facilities on the same grounds, they accommodate older people who are relatively active and those who have serious physical and mental disabilities. CCRCs usually are very expensive. However, many guarantee their residents lifetime shelter and care.

Nursing homes. Nursing homes are one of the most widely recognized types of housing for the elderly. They provide care for individuals who need nursing care without being in a hospital. A doctor supervises this type of care and State boards of health regulate these facilities. Nursing homes also offer short-term and respite care for those who need rehabilitation care.

Resources:

AARP. (1995-2004). *Community services that help with caregiving.*

Retrieved from <http://www.aarp.org/Articles/a2003-10-27-caregiving-communityservices.html>

U.S. Department of Health and Human Services, Administration on Aging. *Housing.*

Retrieved from the Administration on Aging Web site: <http://www.aoa.gov/eldfam/Housing/Housing.asp>

Fact Sheet 1: Care for Older Adults (continued)

For more information:

Eldercare Locator

1-800-677-1116

<http://www.eldercare.gov/>

AARP

601 E Street, N.W.

Washington, DC 20049

Telephone: 1-888-OUR-AARP (1-888-687-2277)

Web site: <http://www.aarp.org>

Medicare

1-800-MEDICARE (1-800-633-42273)

<http://www.medicare.gov>

State and Area Agencies on Aging

http://www.aoa.gov/eldfam/How_To_Find/Agencies/Agencies.asp

Resource Directory for Older People

http://www.aoa.gov/eldfam/How_To_Find/ResourceDirectory/resource_directory.asp

Administration on Aging

Washington, DC 20201

Telephone: 202-619-0724

Web site: <http://www.aoa.gov>

Fact Sheet 2: Depression in Older Adults

Depression is an illness that involves the body, mood, and thoughts. It affects the way you eat and sleep, the way you feel about yourself, and the way you think about things. It is more than just being sad for a short time.

The following are important facts about depression in older adults:

- Depression affects almost 15 out of every 100 adults over age 65 in the United States.
- Depression affects a much higher number of people in hospitals and nursing homes.
- Suicide is more common in older adults than in any other age group.

How Do You Know Whether an Older Adult Is Depressed?

Recognizing depression in older adults is not always easy. The most common symptoms of later-life depression include

- Experiencing persistent sadness (lasting 2 weeks or more)
- Feeling slowed down
- Having excessive worries about finances and health problems
- Crying frequently
- Feeling worthless or helpless
- Experiencing changes in body weight
- Pacing and fidgeting
- Having difficulty sleeping
- Having difficulty concentrating
- Having such physical symptoms as pain or gastrointestinal problems

What Are the Common Causes of Depression in Older Adults?

- Chronic or serious illness, such as cancer, Parkinson's disease, heart disease, stroke, and Alzheimer's disease
- Death of a partner or loved one

- Loss of a job through layoff or retirement
- Loss of ability to drive
- Feeling lonely
- Changes in vision and hearing
- Difficulty in walking or moving
- Retirement
- Moving from the family home

What Steps Can You Take to Care for an Older Adult Who May Be Depressed?

- Make sure he visits a doctor for a checkup. Depression may be a side effect of either another illness or a medication.
- If an older adult is confused or withdrawn, go with her to the doctor to provide important information and to learn what the doctor recommends.

Resource:

American Association for Geriatric Psychiatry. (2004). *Depression in late life: Not a natural part of aging.*

Retrieved from http://www.aagppa.org/p_c/depression2.asp

For more information:

American Association for Geriatric Psychiatry

7910 Woodmont Avenue, Suite 1050

Bethesda, MD 20814

Telephone: 301-654-7850

Web site: <http://www.aagponline.org>

AARP

Program Division

601 E Street, N.W.

Washington, DC 20049

Telephone: 1-800-424-3410

Web site: <http://www.aarp.org>

National Mental Health Association

1021 Prince Street

Alexandria, VA 22314-2971

Telephone: 1-800-969-NMHA (1-800-969-6642)

Web site: <http://www.nmha.org>

(continued)

Fact Sheet 2: Depression in Older Adults (continued)

For more information (continued):

National Mental Health Information Center

1-800-789-2647

www.mentalhealth.samhsa.gov

Substance Abuse and Mental Health Services Administration

1 Choke Cherry Road

Rockville, MD 20857

www.samhsa.gov

National Alliance for the Mentally Ill

Colonial Place Three

2107 Wilson Boulevard, Suite 300

Arlington, VA 22201-3042

Telephone: 1-800-950-NAMI (1-800-950-6264)

Web site: <http://www.nami.org>

**National Depressive and Manic-Depressive Association
Depression and Bipolar Support Alliance**

730 North Franklin, Suite 501

Chicago, IL 60610

Telephone: 1-800-82-NDMDA (1-800-826-3632)

Web site: <http://www.ndmda.org>

National Institute of Mental Health—Public Inquiries

6001 Executive Boulevard

Room 8184, MSC 9663

Bethesda, MD 20892-9663

Telephone: 1-800-421-4211

Web site: <http://www.nimh.nih.gov>

American Geriatrics Society

The Empire State Building

350 Fifth Avenue, Suite 801

New York, NY 10118

Telephone: 212-308-1414

Web site: <http://www.americangeriatrics.org>

Fact Sheet 3: Mobility: Getting Around

An important issue for older adults is being able to walk and move around on their own—what is often referred to as “mobility.” Falls and the injuries they can cause are the most common threat to mobility.

As you age, you may find that your vision, hearing, muscle strength, coordination, and reflexes change. These changes may make people more likely to fall.

When an older person falls, he might be hurt so badly that living an active, independent life may no longer be possible. Each year, thousands of older men and women are disabled, sometimes permanently, by falls that result in broken bones.

What Can You Do to Lower the Chances of Falls and Problems With Mobility?

- Have your vision and hearing tested often. Wear a properly fitted hearing aid and eyeglasses if recommended by your doctor.
- Talk with your doctor or pharmacist about the side effects of the drugs you are taking. Could they affect your coordination or balance? Ask the doctor to suggest ways to reduce your chance of falling.
- Limit how much alcohol you drink. Even a small amount of alcohol can affect your balance and reflexes.
- Don't get up too quickly after eating, lying down, or resting. Low blood pressure may cause dizziness at these times.
- Be careful about the temperature in your house. Being too cold or too hot can make you dizzy. Keep the nighttime temperature in your home at 65° F or higher.
- If you get very hot, especially when taking some medications, you might get dizzy and faint. If your home is not air-conditioned, keep an electric fan handy for very hot days. At those times, drink lots of liquids and limit exercise. Try to get to an air-conditioned place during the hottest part of the day.
- If your walking is unsteady or if you sometimes feel dizzy, use a cane, walking stick, or walker to help stay balanced. These walking aids are very important on uneven or unfamiliar ground. Use special care when walking outdoors on wet and icy sidewalks.
- Wear rubber-soled and low-heeled shoes that fully support your feet. Don't wear smooth-soled slippers or just socks on stairs or waxed floors where you could slip easily.

Fact Sheet 3: Mobility: Getting Around (continued)

- Exercise regularly. This workout will help your strength and muscle tone, and will keep your joints, tendons, and ligaments more flexible. Many older people enjoy walking and swimming. Such activities as walking or climbing stairs may even slow the loss of bone due to osteoporosis. Check with your doctor to plan an exercise program that's right for you. She may even suggest some simple weight-lifting exercises to strengthen muscle and bone.
- If you must carry something when going up or down a stairway, keep one hand on a handrail.
- Avoid taking chances. Do not walk on a freshly washed floor or stand on a chair or table to reach something. Use a "reach stick" instead of bending to pick up something from the floor or to reach an item on an upper shelf. A reach stick is a special grabbing tool available at most medical supply stores.

What Can You Do to Make Your Home Safe?

Many older people fall because of unsafe surroundings at home. Use this checklist to help you safeguard against some likely hazards.

Stairways, hallways, and pathways should have

- Good lighting and no clutter
- Firmly attached carpet and rough texture or abrasive strips for secure footing
- Tightly fastened handrails running the whole length and along both sides of all stairs
- Light switches at the top and bottom of stairs

Bathrooms should have

- Grab bars placed in and outside of tubs, showers, and near toilets
- Nonskid mats, abrasive strips, or carpet on all surfaces that may get wet
- Nightlights

Fact Sheet 3: Mobility: Getting Around (continued)

Bedrooms should have

- Nightlights or light switches within reach of the beds
- Carpet or area rugs, but only if firmly attached to the floor
- Telephones that are easy to reach, near the bed

Living areas should have

- Electrical cords and telephone wires placed away from walking paths
- Rugs well secured to the floor
- Furniture (especially low coffee tables) and other objects arranged so that they do not interfere with walking
- Couches and chairs at a proper height to get into and out of easily

Resource:

National Institute on Aging. (1998). *Preventing falls and fractures*.
Retrieved from: <http://www.niapublications.org/engagepages/falls.asp>

For more information:

U.S. Consumer Product Safety Commission

Washington, DC 20207
Telephone: 1-800-638-2772
TTY: 1-800-638-8270
Web site: <http://www.cpsc.gov>

National Institute on Aging Information Center

P.O. Box 8057
Gaithersburg, MD 20898-8057
Telephone: 1-800-222-2225
TTY: 1-800-222-4225
Web site: <http://www.nia.nih.gov>

Fact Sheet 4: Isolation

You may know of older adults in your community who often are left alone or who live by themselves. Because they often are alone, they may feel lonely or eager for someone to talk with. These feelings can happen when a person is isolated.

An important part of helping older adults stay healthy is making sure they stay connected to people in their community and get out of their homes when possible. Yet, many older adults become isolated.

What Issues Can Lead to Isolation in Older Adults?

Older adults can become isolated for different reasons, including

- Declining health
- Difficulty walking or moving
- Loss of independence
- Loss of friends and family

The chance of isolation goes up when older adults

- Can no longer drive or gain access to transportation services
- Have no immediate family or friends nearby
- Lose a spouse or loved one

What Can You Do to Help Lower the Chances of Isolation Among Older Adults?

Various types of settings and organizations offer opportunities for older adults to meet and talk with others so that they are not alone. The relationships formed through these opportunities can help older adults feel connected to their community and remain active and independent.

Meal services. Home-delivered meal programs offer nutritional meals to those who can no longer shop for groceries or cook. Many senior centers offer lunch and the opportunity to eat with other people.

Companion and telephone reassurance services. Volunteers make regular visits or telephone calls to older adults who can't get out of the house. The volunteer checks on the person and keeps him company, providing regular contact for older people who are alone.

Senior centers. Many communities offer a variety of activities in centers designed for older adults. These include recreation programs, social activities, health screenings, and meals.

Fact Sheet 4: Isolation (continued)

Transportation. Many communities provide transportation to medical appointments, senior centers, or shopping areas. These services usually are free. Some may have a small fee. Other transportation services, such as discount taxi programs, van services, or volunteer drivers, often are available, too.

Adult day centers. For the older adult who needs supervised assistance, these centers offer many services in a group setting. Services may include health care, recreation, meals, and rehabilitative therapy. These centers meet the needs of people with mental or physical limitations. Their services usually have a cost. However, many offer sliding rate scales or some financial assistance.

Resources:

AARP. (1995-2004). *Community services that help with caregiving.*

Retrieved from <http://www.aarp.org/Articles/a2003-10-27-caregiving-communityservices.html>

Kronkosky Foundation. (2003). *Research brief: Elderly.*

Retrieved from http://www.kronkosky.org/research/Research_Briefs/Elderly%20May%202003.pdf

For more information:

Eldercare Locator

1-800-677-1116

<http://www.eldercare.gov>

The Federal government funds this service of the Administration on Aging. It offers information about and referrals to respite care and other home and community services offered by State and area Agencies on Aging.

State and Area Agencies on Aging

http://www.aoa.gov/eldfam/How_To_Find/Agencies/Agencies.asp

Resource Directory for Older People

http://www.aoa.gov/eldfam/How_To_Find/ResourceDirectory/resource_directory.asp

AARP

601 E Street, N.W.

Washington, DC 20049

Telephone: 1-888-OUR-AARP (1-888-687-2277)

Web site: <http://www.aarp.org>

National Institute on Aging Information Center

P.O. Box 8057

Gaithersburg, MD 20898-8057

Telephone: 1-800-222-2225

TTY: 1-800-222-4225

Web site: <http://www.nia.nih.gov>

Fact Sheet 5: Alzheimer's Disease and Dementia

What Is Alzheimer's Disease?

Alzheimer's disease is the most common cause of dementia in older people. Dementia is a medical condition in which normal brain function is disturbed. Alzheimer's disease affects the parts of the brain that control thought, memory, and language.

Although the risk of getting Alzheimer's disease increases with age, it is not a normal part of aging. The only known risk factors are age and family history.

Alzheimer's disease usually begins after age 65. About 3 percent of men and women aged 65 to 74 have Alzheimer's disease, and nearly half of those over age 85 could have the disease. About 4 million people in the United States may have Alzheimer's disease.

The cause of Alzheimer's disease is not known, and there currently is no cure. However, early diagnosis is important because you can slow the progression of the disease and manage symptoms with medications. Early detection means time for everyone to plan ahead.

What Are Some Symptoms of Alzheimer's Disease and Dementia?

- Memory loss
- Confusion about people's names
- Trouble doing simple math problems
- Forgetting to do such simple, everyday tasks as dressing or preparing meals
- Problems speaking, understanding what people say, reading, and writing
- Depression
- Arguments and violent behavior

How Can You Help Caregivers of Persons With Alzheimer's Disease or Dementia?

Most caregivers want to know what to expect, how to address and respond to changes that result from Alzheimer's, what help might be needed, and how to find help. Persons with Alzheimer's disease and their caregivers can find help through the **Alzheimer's Association** and the **Alzheimer's Disease Education and Referral Center**. These organizations provide good information to caregivers of persons with Alzheimer's disease.

Fact Sheet 5: Alzheimer's Disease and Dementia (continued)

Resources:

National Institute on Aging. (2003). *Alzheimer's disease: Fact sheet* (NIH Publication No. 03-3431). Retrieved from the Alzheimer's Disease Education and Referral Center Web site: <http://adear.niapublications.org/pubs/adfact.html>

National Mental Health Association. *Alzheimer's disease: Fact sheet*. Retrieved from <http://www.nmha.org/infoctr/factsheets/101.cfm>

For more information:

Alzheimer's Association

919 North Michigan Avenue, Suite 1100
Chicago, IL 60611-1676
Telephone: 1-800-272-3900
Web site: <http://www.alz.org>

This nonprofit association supports families and caregivers of patients with Alzheimer's disease. Chapters nationwide provide referrals to local resources and services, and sponsor support groups and educational programs.

Alzheimer's Disease Education and Referral (ADEAR) Center

P.O. Box 8250
Silver Spring, MD 20907-8250
Telephone: 1-800-438-4380
Web site: <http://www.alzheimers.org>

The Federal government funds this service of the National Institute on Aging. It offers information and publications on diagnosis, treatment, patient care, caregiver needs, long-term care, education and training, and research related to Alzheimer's disease. Staff answer telephone and written requests and make referrals to local and national resources.

Eldercare Locator

1-800-677-1116
<http://www.eldercare.gov>

The Federal government funds this service of the Administration on Aging. It offers information about and referrals to respite care and other home and community services offered by State and area Agencies on Aging.

National Mental Health Association

2001 North Beauregard Street, 12th Floor
Alexandria, VA 22311
Telephone: 703-684-7722
Fax: 703-684-5968

(continued)

Fact Sheet 5: Alzheimer's Disease and Dementia (continued)

For more information (continued):

Mental Health Resource Center

Telephone: 1-800-969-NMHA (1-800-969-6642)

TTY: 1-800-433-5959

National Alliance for Caregiving

<http://www.caregiving.org>

Fact Sheet 6: Caregiving

As your parents or loved ones age, you may find yourself taking on a new role—caregiver. A caregiver is anyone who helps another person who is ill, disabled, or needs some help. Most caregivers are family members or friends.

Caregivers can face many challenges as they care for their loved ones:

Less time for personal and family life. Caregiving takes time. As a result, caregivers have less time to spend with other family members and less free time for themselves.

The need to balance job and caregiving responsibilities. Caregiving tasks, such as taking your father to the doctor or talking with a social worker, usually must be done during work hours.

Financial hardships. The products and services that go along with providing care can be expensive. Those costs can add up quickly.

Physical and emotional stress. Caregiving can be physically and emotionally stressful, especially for those providing greater levels of care for long periods of time.

Caregivers can take steps to address their older loved ones' needs:

Determine housing options and preferences. Are your older relatives still able to move freely and do things around the house? Have they thought about living somewhere else? Options could include staying in their current home with some changes or with some help, moving into a retirement community or some form of assisted living, living with relatives or others, or entering a nursing home.

Learn the medical history. Does the older adult have any medical conditions or health problems hindering his ability to live independently? Who are the doctors? What medications does he take? If older adults are unclear about the details, you may want to ask whether you can go with them on their next visit to the doctor.

Make a list of people in the older adult's personal support system. Get contact information for everyone on the list. These could include emergency contacts, other close friends and relatives, neighbors, their church members, housing managers, and others.

Create a financial profile. List sources of income, such as Social Security and pensions, and monthly and yearly income. List expenses, bank accounts and investments, and statements of net worth. Get important account numbers in case these are needed in an emergency.

Fact Sheet 6: Caregiving (continued)

Review legal needs. Determine which legal documents the older adult needs, for example, wills, advance directives like living wills and health proxy forms, trusts, and powers of attorney. Find out where they keep such important documents as their birth certificate, deed to home, and insurance policies.

Gather information about services that can provide help. These services include home care, adult day care services, home-delivered meals, and help with everyday activities.

Take care of yourself. Many caregivers get so caught up in providing care for others that their own needs go unmet.

Resource:

AARP. (1995-2004). *New caregivers.*

Retrieved from <http://www.aarp.org/Articles/a2003-10-27-caregiving-newcaregiving.html>

For more information:

U.S. Department of Health and Human Services

Administration on Aging

National Family Caregiver Support Program

<http://www.aoa.gov/prof/aoaprogram/caregiver/carefam/carefam.asp>

State and Area Agencies on Aging

http://www.aoa.gov/eldfam/How_To_Find/Agencies/Agencies.asp

Resource Directory for Older People

http://www.aoa.gov/eldfam/How_To_Find/ResourceDirectory/resource_directory.asp

Eldercare Locator

1-800-677-1116

<http://www.eldercare.gov/>

AARP

601 E Street, N.W.

Washington, DC 20049

Telephone: 1-888-OUR-AARP (1-888-687-2277)

Web site: <http://www.aarp.org>